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**AGENCY OVERVIEW****301 ND Department of Health**

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**Date:** 01/13/2011**Time:** 11:03:50**Statutory Authority**

North Dakota Century Code Titles 19, 23, 25 and 61.

**Agency Description**

- Works closely with the U.S. Environmental Protection Agency (EPA) to safeguard the quality of North Dakota's air, land and water resources through permitting, inspecting, sampling, analytical services and monitoring activities.
- Enables communities to promote healthy behaviors that prevent injury, illness and disease through various state and federal programs.
- Manages programs leading to the detection, diagnosis, analysis, reporting, intervention/referral and follow-up of diseases.
- Provides leadership and oversight for public health and medical emergency preparedness and response efforts in the state.
- Regulates and supports food and lodging establishments, emergency medical services and healthcare facilities including hospitals, home health agencies, nursing facilities, basic care facilities, intermediate care facilities for the mentally retarded, and clinical laboratory services.

**Agency Mission Statement**

To protect and enhance the health and safety of all North Dakotans and the environment in which we live.

GOALS: To accomplish our mission, the North Dakota Department of Health is committed to:

- Improving the health status of the people of North Dakota.
- Improving access to and delivery of quality health care.
- Preserving and improving the quality of the environment.
- Promoting a state of emergency readiness and response.
- Achieving strategic outcomes using all available resources.
- Strengthening and sustaining stakeholder engagement and collaboration.

**Agency Performance Measures**

Agency performance measures are included in each program narrative. They were developed through our strategic planning process. Targets were typically established based on historical data and U.S. averages. Key measures are those addressing tobacco use, obesity, clean air and drinking water, immunization, emergency preparedness, and access to quality health care.

**Major Accomplishments**

1. Worked with critical stakeholders to prepare for and respond to the 2009-10 influenza pandemic; administered 184,087 doses of H1N1 influenza vaccine to North Dakota residents and tracked more than 3,200 cases of influenza.
2. Facilitated emergency response to large-scale hospital and medical evacuations during the 2009 flood.
3. Achieved a 33 percent 12-month quit rate for the Tobacco Quitline in FY 2010 and launched an online service to help people quit tobacco use.
4. Received Gold Certification of the North Dakota Cancer Registry in 2009 and 2010 for data accuracy, completeness and timeliness of reporting.
5. Implemented a state-funded colorectal cancer screening pilot project that screened 91 rural North Dakotans and prevented 15 colon cancers.
6. Developed and implemented a program for onsite review of construction projects involving health-care facilities licensed by the department.
7. Established a statewide worksite wellness program through strategic partnerships.
8. Enrolled nine hospitals in the State Stroke Registry Program.
9. Maintained a 90 percent or higher rate of compliance with permit requirements or standards in the air, waste, water discharge and public water supply programs.
10. Authored/published The Burden of Diabetes in North Dakota 2009.
11. Implemented a local public health regional network pilot project to determine a delivery structure for sharing administrative functions and public health services through joint powers agreements.
12. Implemented new food rules in the WIC Program.

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**AGENCY OVERVIEW****301 ND Department of Health**

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**Date:** 01/13/2011**Time:** 11:03:50**Future Critical Issues**

- Enhance and maintain critical disease investigation and control infrastructure to address health care-associated infections; antibiotic resistance; food safety issues, including foodborne illness investigations; sexually transmitted diseases; and tuberculosis.
- Enhance capacity to handle increasing number of forensic examinations.
- Promulgate and adopt new state food code regulations modeled after the 2009 FDA model food code regulations.
- Remain current with increased plan reviews, pre-operational inspections, complaint follow-ups and routine inspections of new establishments as a result of the increased oil activity.
- Availability of public health prevention and health-care programs to address disparate populations.
- Access to oral health services for the low-income and Medicaid populations.
- Lack of health services available to children in child-care and school settings.
- Addressing the need for a statewide, school-based dental sealant program for children.
- Resources to help North Dakotans make healthy choices to help prevent cancer, heart disease, obesity and type 2 diabetes.
- Lack of federal or state funding to continue supporting current suicide prevention programs.
- Sufficient funding to develop and implement programs to reduce unintentional injuries, the leading cause of death to North Dakotans ages 1 through 44 from 2005-2009.
- Decreased or flat funding in federal Title V/Maternal and Child Health funds to support state and local efforts to improve the health of all mothers and children.
- Implementation of electronic benefit transfer (EBT) in the WIC Program.
- Ability to maintain staff in light of increases in the energy industry and competition with the market in general for a variety of positions, including nurses, scientists, engineers, epidemiologists, and information technology.
- Public health workforce shortages.
- Resources to address environmental impacts (air, water and waste) associated with increased energy development.
- Resources to address carbon dioxide capture, storage and monitoring challenges and implementation of associated federal and state laws.
- Level or reduced funding in most federal environmental grants and increasing inflationary costs, leaving less money for operation of programs.
- Level or reduced federal funding limiting resources and infrastructure for local public health to sustain program/service delivery.
- Loss of federal Highway Traffic Safety funding for the emergency medical services system.
- Reductions in federal emergency preparedness and response funding.

**REQUEST SUMMARY**

301 ND Department of Health

Bill#: HB1004

Date: 01/13/2011

Biennium: 2011-2013

Time: 11:03:50

Description	Expenditures 2007-2009 Biennium	Present Budget 2009-2011	Budget Request Change	Requested Budget 2011-2013 Biennium	Optional Budget Request
<b>By Major Program</b>					
Administrative Support	7,635,109	11,952,535	(2,594,436)	9,358,099	3,166,000
Medical Services	12,649,772	31,604,191	(2,084,867)	29,519,324	651,980
Health Resources	5,685,489	7,709,589	216,728	7,926,317	0
Community Health	51,875,742	67,037,746	(4,447,678)	62,590,068	6,628,885
Environmental Health	36,899,572	73,312,818	(25,157,726)	48,155,092	3,545,982
Emergency Preparedness and Response	19,510,303	21,297,431	(7,653,300)	13,644,131	6,426,900
Special Populations	3,204,392	4,747,850	(527,561)	4,220,289	1,417,931
<b>Total Major Program</b>	<b>137,460,379</b>	<b>217,662,160</b>	<b>(42,248,840)</b>	<b>175,413,320</b>	<b>21,837,678</b>
<b>By Line Item</b>					
Salaries and Wages	37,191,204	45,665,406	1,101,669	46,767,075	2,174,232
Operating Expenses	29,761,520	45,275,789	(817,242)	44,458,547	6,518,955
Capital Assets	1,566,836	2,013,268	(15,195)	1,998,073	588,445
Grants	41,197,039	67,469,743	(15,550,723)	51,919,020	9,063,819
Tobacco Prevention & Control	8,428,453	9,080,745	(2,968,249)	6,112,496	0
WIC Food Payments	19,315,327	25,063,375	(905,266)	24,158,109	0
Community Health Trust Fund	0	2,405,371	(2,405,371)	0	0
Federal Stimulus Funds	0	20,688,463	(20,688,463)	0	3,492,227
<b>Total Line Items</b>	<b>137,460,379</b>	<b>217,662,160</b>	<b>(42,248,840)</b>	<b>175,413,320</b>	<b>21,837,678</b>
<b>By Funding Source</b>					
General Fund	21,545,230	27,234,262	(5,339,072)	21,895,190	13,003,416
Federal Funds	98,833,836	150,805,983	(30,992,105)	119,813,878	4,855,262
Special Funds	17,081,313	39,621,915	(5,917,663)	33,704,252	3,979,000
<b>Total Funding Source</b>	<b>137,460,379</b>	<b>217,662,160</b>	<b>(42,248,840)</b>	<b>175,413,320</b>	<b>21,837,678</b>
<b>Total FTE</b>	<b>331.50</b>	<b>343.50</b>	<b>0.00</b>	<b>343.50</b>	<b>4.80</b>

**REQUEST DETAIL**

301 ND Department of Health  
Biennium: 2011-2013

Bill#: HB1004

Date: 01/13/2011

Time: 11:03:50

Description	Expenditures 2007-2009 Biennium	Present Budget 2009-2011	Budget Request Change	Requested Budget 2011-2013 Biennium	Optional Budget Request
<b>Salaries and Wages</b>					
Salaries - Permanent	26,517,814	31,595,093	625,532	32,220,625	342,420
Salaries - Other	0	0	0	0	1,616,000
Temporary Salaries	1,266,356	1,661,297	259,845	1,921,142	143,089
Fringe Benefits	9,407,034	12,409,016	216,292	12,625,308	191,470
Reduction In Salary Budget	0	0	0	0	(118,747)
<b>Total</b>	<b>37,191,204</b>	<b>45,665,406</b>	<b>1,101,669</b>	<b>46,767,075</b>	<b>2,174,232</b>
<b>Salaries and Wages</b>					
General Fund	8,975,009	12,501,191	649,447	13,150,638	1,270,720
Federal Funds	23,724,490	29,011,778	422,017	29,433,795	903,512
Special Funds	4,491,705	4,152,437	30,205	4,182,642	0
<b>Total</b>	<b>37,191,204</b>	<b>45,665,406</b>	<b>1,101,669</b>	<b>46,767,075</b>	<b>2,174,232</b>
<b>Operating Expenses</b>					
Travel	1,986,222	2,584,597	(130,986)	2,453,611	145,188
Supplies - IT Software	456,201	426,689	1,062	427,751	7,538
Supply/Material-Professional	950,033	1,088,114	44,757	1,132,871	68,316
Food and Clothing	175,617	180,390	9,020	189,410	0
Bldg, Ground, Maintenance	274,994	166,258	6,449	172,707	0
Miscellaneous Supplies	29,696	447	10,872	11,319	27,262
Office Supplies	346,946	280,931	36,953	317,884	18,800
Postage	523,459	688,196	(72,059)	616,137	15,619
Printing	451,154	475,701	61,974	537,675	31,125
IT Equip Under \$5,000	506,572	361,522	(57,771)	303,751	28,570
Other Equip Under \$5,000	173,101	176,290	(103,790)	72,500	6,300
Office Equip & Furn Supplies	190,771	133,800	(112,300)	21,500	1,752
Utilities	447,765	448,463	21,812	470,275	0
Insurance	79,196	87,397	10,612	98,009	0
Rentals/Leases-Equip & Other	58,296	62,248	(576)	61,672	0
Rentals/Leases - Bldg/Land	1,384,052	1,562,699	136,407	1,699,106	8,300
Repairs	847,763	807,264	(25,809)	781,455	37,000
IT - Data Processing	1,402,100	1,006,168	80,609	1,086,777	33,973
IT - Communications	537,392	541,253	22,337	563,590	20,794
IT Contractual Svcs and Rprs	1,885,908	1,591,498	(228,937)	1,362,561	191,450
Professional Development	511,450	530,403	4,939	535,342	22,800
Operating Fees and Services	1,100,746	337,714	(22,059)	315,655	384,500
Fees - Professional Services	7,518,579	8,549,000	153,398	8,702,398	5,444,260
Medical, Dental and Optical	7,923,507	23,188,747	(664,156)	22,524,591	25,408
<b>Total</b>	<b>29,761,520</b>	<b>45,275,789</b>	<b>(817,242)</b>	<b>44,458,547</b>	<b>6,518,955</b>

## REQUEST DETAIL

301 ND Department of Health  
Biennium: 2011-2013

Bill#: HB1004

Date: 01/13/2011

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Description	Expenditures 2007-2009 Biennium	Present Budget 2009-2011	Budget Request Change	Requested Budget 2011-2013 Biennium	Optional Budget Request
<b>Operating Expenses</b>					
General Fund	7,930,822	3,718,680	(268,666)	3,450,014	2,539,955
Federal Funds	18,062,031	18,611,641	(387,199)	18,224,442	0
Special Funds	3,768,667	22,945,468	(161,377)	22,784,091	3,979,000
<b>Total</b>	<b>29,761,520</b>	<b>45,275,789</b>	<b>(817,242)</b>	<b>44,458,547</b>	<b>6,518,955</b>
<b>Capital Assets</b>					
Other Capital Payments	665,435	704,127	2,856	706,983	0
Extraordinary Repairs	310,916	236,666	79,663	316,329	0
Equipment Over \$5000	575,785	1,049,675	(190,914)	858,761	588,445
IT Equip/Sftware Over \$5000	14,700	22,800	93,200	116,000	0
<b>Total</b>	<b>1,566,836</b>	<b>2,013,268</b>	<b>(15,195)</b>	<b>1,998,073</b>	<b>588,445</b>
<b>Capital Assets</b>					
General Fund	675,467	356,077	1,143	357,220	128,922
Federal Funds	704,067	1,477,191	(80,738)	1,396,453	459,523
Special Funds	187,302	180,000	64,400	244,400	0
<b>Total</b>	<b>1,566,836</b>	<b>2,013,268</b>	<b>(15,195)</b>	<b>1,998,073</b>	<b>588,445</b>
<b>Grants</b>					
Grants, Benefits & Claims	40,023,679	66,387,256	(15,935,723)	50,451,533	9,063,819
Transfers Out	1,173,360	1,082,487	385,000	1,467,487	0
<b>Total</b>	<b>41,197,039</b>	<b>67,469,743</b>	<b>(15,550,723)</b>	<b>51,919,020</b>	<b>9,063,819</b>
<b>Grants</b>					
General Fund	3,963,932	8,252,943	(3,315,625)	4,937,318	9,063,819
Federal Funds	34,720,573	53,274,919	(9,275,841)	43,999,078	0
Special Funds	2,512,534	5,941,881	(2,959,257)	2,982,624	0
<b>Total</b>	<b>41,197,039</b>	<b>67,469,743</b>	<b>(15,550,723)</b>	<b>51,919,020</b>	<b>9,063,819</b>
<b>Tobacco Prevention &amp; Control</b>					
Salaries - Permanent	550,513	635,803	(11,131)	624,672	0
Temporary Salaries	686	10,000	15,000	25,000	0
Fringe Benefits	192,795	257,238	(7,147)	250,091	0
Travel	33,436	43,935	3,075	47,010	0
Supplies - IT Software	19,768	13,271	664	13,935	0
Supply/Material-Professional	4,158	1,171	58	1,229	0
Office Supplies	5,295	5,785	234	6,019	0

## REQUEST DETAIL

301 ND Department of Health  
Biennium: 2011-2013

Bill#: HB1004

Date: 01/13/2011

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Description	Expenditures 2007-2009 Biennium	Present Budget 2009-2011	Budget Request Change	Requested Budget 2011-2013 Biennium	Optional Budget Request
Postage	2,937	7,181	359	7,540	0
Printing	11,849	39,604	2,412	42,016	0
IT Equip Under \$5,000	6,897	10,000	(4,900)	5,100	0
Office Equip & Furn Supplies	3,808	25,180	0	25,180	0
Rentals/Leases-Equip & Other	1,124	1,440	72	1,512	0
Rentals/Leases - Bldg/Land	18,035	26,179	1,309	27,488	0
Repairs	314	314	16	330	0
IT - Data Processing	8,854	13,524	1,444	14,968	0
IT - Communications	12,315	12,037	602	12,639	0
IT Contractual Srvcs and Rprs	110	0	0	0	0
Professional Development	37,765	28,272	1,414	29,686	0
Operating Fees and Services	6,744	3,512	176	3,688	0
Fees - Professional Services	1,696,353	3,655,841	(4,448)	3,651,393	0
Grants, Benefits & Claims	5,814,697	4,290,458	(2,967,458)	1,323,000	0
<b>Total</b>	<b>8,428,453</b>	<b>9,080,745</b>	<b>(2,968,249)</b>	<b>6,112,496</b>	<b>0</b>

### Tobacco Prevention & Control

General Fund	0	0	0	0	0
Federal Funds	2,307,348	2,678,616	(76,615)	2,602,001	0
Special Funds	6,121,105	6,402,129	(2,891,634)	3,510,495	0
<b>Total</b>	<b>8,428,453</b>	<b>9,080,745</b>	<b>(2,968,249)</b>	<b>6,112,496</b>	<b>0</b>

### WIC Food Payments

Food and Clothing	19,315,327	25,063,375	(905,266)	24,158,109	0
<b>Total</b>	<b>19,315,327</b>	<b>25,063,375</b>	<b>(905,266)</b>	<b>24,158,109</b>	<b>0</b>

### WIC Food Payments

General Fund	0	0	0	0	0
Federal Funds	19,315,327	25,063,375	(905,266)	24,158,109	0
Special Funds	0	0	0	0	0
<b>Total</b>	<b>19,315,327</b>	<b>25,063,375</b>	<b>(905,266)</b>	<b>24,158,109</b>	<b>0</b>

### Community Health Trust Fund

Grants, Benefits & Claims	0	2,405,371	(2,405,371)	0	0
<b>Total</b>	<b>0</b>	<b>2,405,371</b>	<b>(2,405,371)</b>	<b>0</b>	<b>0</b>

### Community Health Trust Fund

General Fund	0	2,405,371	(2,405,371)	0	0
Federal Funds	0	0	0	0	0

**REQUEST DETAIL**

301 ND Department of Health  
Biennium: 2011-2013

Bill#: HB1004

Date: 01/13/2011  
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Description	Expenditures 2007-2009 Biennium	Present Budget 2009-2011	Budget Request Change	Requested Budget 2011-2013 Biennium	Optional Budget Request
Special Funds	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>2,405,371</b>	<b>(2,405,371)</b>	<b>0</b>	<b>0</b>
<b>Federal Stimulus Funds</b>					
Salaries - Permanent	0	10,637	(10,637)	0	0
Temporary Salaries	0	1,616,735	(1,616,735)	0	682,177
Fringe Benefits	0	569,098	(569,098)	0	68,217
Travel	0	61,582	(61,582)	0	27,090
Supplies - IT Software	0	1,000	(1,000)	0	0
Supply/Material-Professional	0	8,000	(8,000)	0	150
Miscellaneous Supplies	0	5,753	(5,753)	0	62,639
Office Supplies	0	500	(500)	0	2,651
Postage	0	470	(470)	0	500
Printing	0	500	(500)	0	2,800
IT Equip Under \$5,000	0	3,500	(3,500)	0	0
Office Equip & Furn Supplies	0	500	(500)	0	0
IT - Data Processing	0	0	0	0	100
IT - Communications	0	11,453	(11,453)	0	700
IT Contractual Svcs and Rprs	0	31,475	(31,475)	0	602,507
Professional Development	0	7,046	(7,046)	0	1,575
Operating Fees and Services	0	183,111	(183,111)	0	0
Fees - Professional Services	0	332,835	(332,835)	0	13,851
Grants, Benefits & Claims	0	16,187,837	(16,187,837)	0	2,027,270
Transfers Out	0	1,656,431	(1,656,431)	0	0
<b>Total</b>	<b>0</b>	<b>20,688,463</b>	<b>(20,688,463)</b>	<b>0</b>	<b>3,492,227</b>
<b>Federal Stimulus Funds</b>					
General Fund	0	0	0	0	0
Federal Funds	0	20,688,463	(20,688,463)	0	3,492,227
Special Funds	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>20,688,463</b>	<b>(20,688,463)</b>	<b>0</b>	<b>3,492,227</b>
<b>Funding Sources</b>					
General Fund	21,545,230	27,234,262	(5,339,072)	21,895,190	13,003,416
Federal Funds	98,833,836	150,805,983	(30,992,105)	119,813,878	4,855,262
Special Funds	17,081,313	39,621,915	(5,917,663)	33,704,252	3,979,000
<b>Total Funding Sources</b>	<b>137,460,379</b>	<b>217,662,160</b>	<b>(42,248,840)</b>	<b>175,413,320</b>	<b>21,837,678</b>

**CHANGE PACKAGE SUMMARY**

301 ND Department of Health

Bill#: HB1004

Date: 01/13/2011

Biennium: 2011-2013

Time: 11:03:50

Description	Priority	FTE	General Fund	Federal Funds	Special Funds	Total Funds
<b><u>Base Budget Changes</u></b>						
<b>One Time Budget Changes</b>						
A-E 2 One time Adjustments		0.00	(5,754,671)	0	(1,500,000)	(7,254,671)
A-E 3 ARRA funding		0.00	0	(18,491,993)	0	(18,491,993)
<b>Total One Time Budget Changes</b>		<b>0.00</b>	<b>(5,754,671)</b>	<b>(18,491,993)</b>	<b>(1,500,000)</b>	<b>(25,746,664)</b>
<b>Ongoing Budget Changes</b>						
A-A 1 Continued Programs		0.00	209,838	(11,556,935)	(2,732,780)	(14,079,877)
A-A 12 Base Budget Capital Assets		0.00	0	318,161	15,000	333,161
A-A 22 EMS Changes		0.00	(97,569)	(267,184)	(125,000)	(489,753)
A-A 23 Womens Way Care Coordination		0.00	0	500,000	0	500,000
A-A 24 Oral Health Workforce Life		0.00	0	551,660	0	551,660
A-A 25 Home Visiting		1.00	0	1,293,492	0	1,293,492
A-A 26 Cribs for Kids		0.00	0	0	100,000	100,000
A-A 27 Injury Prevention Position		1.00	128,707	0	0	128,707
A-A 4 Community Health Trust Fund		0.00	0	0	(1,653,589)	(1,653,589)
A-A 5 Epidemiology Lab Capacity		0.00	0	612,493	0	612,493
A-A 8 Health Infrastructure Improvements		0.00	0	19,635	0	19,635
A-F 6 Remove Current Biennium Capital Assets		0.00	0	(1,230,141)	(79,000)	(1,309,141)
A-F 7 Remove Current Other Capital Payments Appropriat		0.00	(356,077)	(348,050)	0	(704,127)
Base Payroll Change		(2.00)	530,700	(2,393,243)	57,706	(1,804,837)
<b>Total Ongoing Budget Changes</b>		<b>0.00</b>	<b>415,599</b>	<b>(12,500,112)</b>	<b>(4,417,663)</b>	<b>(16,502,176)</b>
<b>Total Base Budget Changes</b>		<b>0.00</b>	<b>(5,339,072)</b>	<b>(30,992,105)</b>	<b>(5,917,663)</b>	<b>(42,248,840)</b>

**Optional Budget Changes****Ongoing Optional Changes**

A-C 37 Suicide Prevention and Early Intervention	1	0.00	741,493	0	0	741,493
A-C 34 Replace DOT 402 Training Staff Funding	2	1.00	523,900	0	0	523,900
A-C 45 Domestic Violence Rape Crisis Program	3	0.00	1,000,000	0	0	1,000,000

**CHANGE PACKAGE SUMMARY****301 ND Department of Health****Biennium: 2011-2013****Bill#: HB1004****Date:** 01/13/2011**Time:** 11:03:50

Description	Priority	FTE	General Fund	Federal Funds	Special Funds	Total Funds
A-C 62 Nurse Telephone Triage	4	0.00	671,000	0	3,979,000	4,650,000
A-C 38 EH Pesticide Permit Program	5	1.00	306,348	459,523	0	765,871
A-C 46 State Stroke Registry	6	0.00	250,700	0	0	250,700
A-C 47 Women's Way Maintenance	7	0.00	300,500	0	0	300,500
A-C 18 Dental Loan Repayment & New Practice	8	0.00	200,000	0	0	200,000
A-C 19 Dental Loan NonProfit Repayment	9	0.00	180,000	0	0	180,000
A-C 20 Physician Loan Repayment	10	0.00	270,000	0	0	270,000
A-C 32 Replace CHTF Training Grant Funding	11	0.00	300,000	0	0	300,000
A-C 29 Salary Equity Package	12	0.00	874,000	742,000	0	1,616,000
A-C 14 ARRA MS Immunization Programs	13	0.00	0	528,207	0	528,207
A-C 13 ARRA MS Healthcare Associated Infections MS	14	0.00	0	80,328	0	80,328
A-C 57 Healthy Communities ARRA	15	0.00	0	113,165	0	113,165
A-C 39 EH ARRA Arsenic Trioxide	16	0.00	0	2,000,000	0	2,000,000
A-C 40 EH ARRA Water Quality 604(b)	17	0.00	0	50,000	0	50,000
A-C 41 EH ARRA Clean Water SRF	18	0.00	0	360,156	0	360,156
A-C 42 EH ARRA Drinking Water SRF	19	0.00	0	318,101	0	318,101
A-C 15 ARRA SP Primary Care	20	0.00	0	42,270	0	42,270
A-C 30 AS Regional Network Incentives	21	0.00	275,000	0	0	275,000
A-C 49 Colorectal Cancer Screening Initiative	22	0.00	477,600	0	0	477,600
A-C 50 Home Visiting Program	23	1.00	0	102,512	0	102,512
A-C 51 Healthy Eating and Physical Activity	24	1.80	653,365	0	0	653,365
A-C 31 AS State Aid to Locals	25	0.00	1,275,000	0	0	1,275,000
A-C 52 Women's Way with Heart	26	0.00	983,200	0	0	983,200
A-C 53 Stroke System of Care	27	2.00	1,532,402	0	0	1,532,402
A-C 54 Behavioral Risk Factor Surveillance System	28	0.00	124,200	0	0	124,200
A-C 17 ND Early Hearing Detection & Intervention CSHS	29	0.00	400,000	0	0	400,000
A-C 43 EH Public Water Oper Exp Reimb Program	30	0.00	200,000	0	0	200,000
A-C 16 Specialty Care CSHS	31	0.00	83,950	0	0	83,950

**CHANGE PACKAGE SUMMARY**

301 ND Department of Health

Bill#: HB1004

Date: 01/13/2011

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Description	Priority	FTE	General Fund	Federal Funds	Special Funds	Total Funds
A-C 11 Digital X-Ray Machine Forensic Examiner's Offic	32	0.00	43,445	0	0	43,445
A-C 44 EH Wastewater Oper Exp Reimb Program	33	0.00	180,000	0	0	180,000
A-C 10 Asthma Program	34	0.00	140,711	0	0	140,711
A-C 55 Adulthood Injury Prevention Program	35	0.00	150,000	0	0	150,000
A-C 33 EMS Staffing Grants	36	0.00	1,000,000	0	0	1,000,000
A-C 56 Screening for Prenatal Alcohol Exposure	37	0.00	388,458	0	0	388,458
A-C 21 Vet Loan Repayment	38	0.00	135,000	0	0	135,000
<b>Total Ongoing Optional Changes</b>		<b>6.80</b>	<b>13,660,272</b>	<b>4,796,262</b>	<b>3,979,000</b>	<b>22,435,534</b>
<b>Total Optional Budget Changes</b>		<b>6.80</b>	<b>13,660,272</b>	<b>4,796,262</b>	<b>3,979,000</b>	<b>22,435,534</b>
<b><u>Optional Savings Changes</u></b>						
A-G 35 EMS Training Grants Reduction	1	0.00	(47,000)	0	0	(47,000)
A-G 58 CH Donated Dental Reduction	2	0.00	(10,000)	0	0	(10,000)
A-G 36 HF Basic Care Reduction	3	0.00	(59,000)	59,000	0	0
A-G 60 CH Injury Prevention GF Reduction	4	0.00	(128,710)	0	0	(128,710)
A-G 59 CH Women's Way GF Reduction	5	0.00	(50,000)	0	0	(50,000)
A-G 61 EH Energy Development Reduction	6	(2.00)	(328,146)	0	0	(328,146)
A-G 28 CSHS Catastrophic Relief Reduction	7	0.00	(34,000)	0	0	(34,000)
<b>Total Optional Savings Changes</b>		<b>(2.00)</b>	<b>(656,856)</b>	<b>59,000</b>	<b>0</b>	<b>(597,856)</b>

**BUDGET CHANGES NARRATIVE**

301 ND Department of Health

Bill#: HB1004

Date: 01/13/2011

Time: 11:03:50

Change Group: A	Change Type: A	Change No: 1	Priority:
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Continued Programs

**Administrative Support**

This section has an overall increase of \$163,346 of salaries and wages costs and a reduction of a .25 FTE. The reduction of \$100,000 for a .25 FTE is due to the resignation of a physician who provided medical expertise on various health issues. There is also a reduction of one FTE for \$88,891 in the Protect ND Kids program and an offsetting increase of \$164,791 for a new FTE in the Public Health Infrastructure for Improved Health Outcomes grant which is explained in a separate change package. Temporary salaries have increased \$17,000 for a medical advisor, \$40,000 for a fiscal agent for the Tobacco Prevention and Control Executive Committee and have decreased \$9,424 in the Education and Technology division. Other salaries and wages have increased as a result of equity adjustments and legislatively approved raises. General funding has decreased \$185,314 as a result of staff reductions and an increase in federal funds from the indirect cost pool. Other funds have increased as a result of a contract to provide accounting services to the Tobacco Prevention and Control Executive Committee.

In the operating line item travel has decreased \$19,124; of that amount \$15,417 is due to an over projection of inflation for the current biennium and \$3,707 is as a result of a reduction in the Protect ND Kids program. Professional supplies and materials have been reduced \$13,768 to accommodate reduced funding in the preventive health block grant. Office Supplies have increased \$14,362 of that \$12,000 is due to the increase costs of the new security paper that is used to print birth/death records in Vital Records and the balance of \$2,362 is for inflation. Postage has been reduced \$83,056; of that \$95,000 is due to an over projection in the current biennium for special handling charges for birth and death certificates, \$3,642 is a reduction in the Protect ND Kids program and \$15,586 for inflation. Insurance has increased due to an increase in our risk management policy. Repairs have decreased \$16,518 primarily due to one-time remodeling costs that occurred in the current biennium. IT contractual services have decreased \$14,870 due to onetime expenses for a software upgrade in the accounting division. IT equipment and office equipment has a net increase of \$9,853 to reflect IT purchases based on a replacement schedule and office equipment needs for the 2011-13 biennium. General funding in the operating line item has been reduced with an offsetting increase in federal funds from the indirect cost pool. Special funds have been reduced as a result of less revenue from the vital records postage account.

**Medical Services**

This section includes a salary reduction of \$48,840 which is made up of several changes. The first change is a reduction \$100,612 for a .25 FTE due to the resignation of a physician who provided oversight to division activities and a liaison to the private health care community. Temporary salaries have increased \$16,800 for a physician who will provide medical expertise, \$29,992 for autopsy assistants because of increased workload, \$20,200 for increased interns in the disease control division and a decrease of \$35,000 for public health preparedness activities. There is also an increase of \$19,780 for equity adjustments and legislatively approved raises.

In the operating line item travel has decreased \$71,107 due to an over projection of inflation for the current biennium. Professional supplies and materials was reduced \$79,800 of which \$100,000 is a reduction of tuberculosis testing supplies for private providers and an offsetting inflationary increase of approximately \$20,000. Rental/ Leases on buildings have decreased \$13,125 as a result of a move from the capital building to the health services laboratory building. IT contractual services have increased \$60,000 as a result of an increase in maintenance costs to the immunization registry system. The professional service line item has increased \$175,303 of which \$100,000 is for the immunization media campaign, \$37,300 for HIV rapid testing, and other miscellaneous services totally 38,003. The medical, dental and optical line item is decreasing \$150,278 due to onetime federal funding of \$500,000 for the purchase immunization vaccines for flood related activities in the current biennium and an offsetting increase of \$349,722 for increased medical supplies for the Ryan White federal program. Other operating changes are inflationary.

Other capital payments of \$268,854 for bond payments have been added as per a schedule supplied by OMB.

In the grants line item grants to local health units have increased \$143,490 as a result of increased grants to local health units for the federal Immunization Program.

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General funds in this section have decreased \$100,000 for tuberculosis testing supplies in the operating line item and approximately \$22,500 for an increase in the medical examiner's overall budget due to an increase in the number of autopsies performed

**Health Resources**

This section includes a temporary salary increase of \$25,000 plus fringe for part time surveyor work. The remainder of the changes in the salaries and wages line item is for equity adjustments and legislatively approved raises.

The operating line has increased as a result of inflationary projections averaging around 5% with the exception of the following. In the operating line item increases in travel of \$50,000, office supplies of \$5,000 and professional development of \$5,000 for a total of \$60,000 is to cover costs associated with a fully staffed division. IT data processing has increased \$33,229 for ongoing costs and for system development costs at ITD. IT Software/Supplies has increased \$19,400 for the purchase of software for computers. Lease/Rentals on buildings have increased \$18,051 due to increased square footage of office space for staff. Professional services have increased \$25,189 for legal fees and contractual assistance. Equipment <\$5,000 has decreased \$38,542 as a result of office remodeling and updating of office equipment that were completed during the current biennium.

The Equipment >\$5,000 has increased by \$15,000 to purchase a wide format digital scanner for the Life Safety Code and Construction program.

General fund revenue has increased \$125,773. Of that amount \$54,271 was for the second year 09-11 general fund salary increases and \$71,502 was due to an over projection in the collection of fees for Food and Lodging. Approximately \$40,000 of the \$71,502 over projection is a result of the local public health units assuming some of the inspection visits and therefore reducing the collection of fees. Federal funds have increased due to increased activity of current federal programs.

**Community Health**

Salaries, Wages, and Benefits line increased a little over \$70,000. The main increase was in the Newborn Screening program which included additional temporary salaries of \$21,000. Other changes in salaries and wages are for equity adjustments and legislative approved raises. There is a funding switch of approximately \$115,000 due to a contract that was reclassified from federal funds to other funds.

The operating line has increased as a result of inflationary projections averaging around 5% to 7% except for a few instances. Lease building rentals has increased \$27,960 for the storage of blood specimens for the newborn screening program. IT contractual services have increased about \$70,000 for ongoing maintenance of the WIC program and \$65,000 for family health projects. Professional fees have increased \$200,000 for EBT planning project and decreased \$230,000 for the diabetes program. Office Equipment has decreased approximately \$30,000 due to onetime costs for a minor remodeling project which will not be needed in the 11-13 biennium.

The grants line item has increased approximately \$700,000 which is primarily in the WIC (Women's Infants and Children) program for grants to local health units.

The WIC food payments line item is showing a slight decrease. The decrease is due to an over projection of food and transportation expenditures in the 09-11 Biennium.

The Tobacco special line has several small changes in the salaries and operating lines. First, we have decreased salaries by a .34 FTE as a result of a minor reorganization of the Community Health Section. Temporary salaries have also increased by \$15,000 for additional help in the Community Health Trust fund program. The most notable change in the Tobacco Special line item is a decrease of \$2,891,634 in the grants line. During the legislative session \$2,891,634 of authority was added to the Health Department 09-11 Tobacco budget in special funds (370). This funding was to allow the Tobacco Division to receive and contract out funds from the Tobacco Prevention and Control Executive Committee. However, based on the current working plan these funds will be disbursed directly by the Tobacco Prevention and Control Executive Committee.

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**Environmental Health**

Salaries and Wages increase of \$509,180 of which \$142,310 resulted from an internal realignment. There is a reduction of \$50,000 in temporary services in the Lab due to a reduction of federal funding resulting from decreased funding from the public health emergency response (H1N1 funding). There is an increase in temporary salaries of \$118,800 for the Epidemiology and Lab Capacity program which is explained in a separate package. Other changes are for workload and equity salary adjustments and legislative approved raises. The internal adjustments to this section included a reduction of an FTE in the Laboratory and a reassignment of current staff working on the pollution prevention project to create 2 new FTE's to respond to increased energy development needs within the section. Increased general fund needs for this activity was approximately \$140,000.

In the operating line item travel has decreased \$120,666 due to an over projection of inflation for the current biennium. IT - software/supplies have increase \$18,585 due to additional software needs. A majority of the IT equipment <\$5,000 decrease stems from the air quality division purchasing in this current biennium. The decrease in other equipment <\$5,000 is a result of the environmental health section spending this current biennium. There is a 4% increase in rentals/leases for the 2011-13 biennium. Repairs have decreased \$15,225 due to decreased funding from the public health emergency preparedness funds. IT contractual services were decreased \$175,000 from the One Stop federal program. Professional development decreased \$12,778 in the air quality division due to the current biennium having several new employees that required training. Professional services have decreased \$71,335 due to a reduction in engineering fees, and a \$227,500 reduction for the federal targeted brownfield program. Increases are due to legal fees and misc. professional fees for Title V, and EPA Block Grant legal fees. Medical, dental, and optical decreased \$124,353 in the microbiology laboratory due to decreased funding from the variety of federal programs and the elimination of Shigatoxin testing for \$32,000.

In the capital assets line item equipment >\$5,000 has decreased \$127,530 in the air quality program. IT equipment >\$5,000 has increased due to the necessary replacement of outdated servers and to replace software in the chemistry laboratory.

In the grants line item grants for the arsenic trioxide site have decreased \$8,650,000 due to decreased arsenic trioxide federal funding and partial completion of the project. Grants to cities/counties and local units of government for the clean diesel program increased \$250,000 which will be used to purchase diesel-powered equipment or vehicles.

**Emergency Preparedness and Response**

Salaries and wages total budget have decreased \$385,421. One and a half FTE's in the Emergency Medical Service division have been eliminated for a total of \$171,803 of which \$112,299 is salaries and \$59,504 is fringe benefits and is discussed further in the EMS change package. The balance of the reduction is for temporary salaries for \$287,736 plus fringe due to reduced one time funding for the Public Health Emergency Response (H1N1) federal funds which are no longer available. Other salary changes in the salaries and wages line item are for equity adjustments and legislatively approved raises.

The operating line has increased as a result of inflationary projections averaging around 5% with the exception of the following. Travel has decreased \$23,421 due to an over projection of inflation for the current biennium. IT Software and Supplies has decreased \$25,900 due to one-time purchases of software in the current biennium. Rentals/ Leases of Buildings have increased \$50,665 due to ongoing costs and increased square footage for storage space for medical supplies and vaccines. IT Data Processing has increased due to ongoing maintenance of system development at ITD. IT Contractual has decreased \$65,667 due to one-time funding for Public Health Emergency Response (H1N1) federal funds that are no longer available. Professional Fees decreased \$71,815 due to one-time funding for Public Health Emergency Response (H1N1) federal funds that are no longer available and completion of services in the Hospital Preparedness Program. Medical, Dental, and Optical decreased \$464,884 due to one-time funding for Public Health Emergency Response (H1N1) federal funds that are no longer available. Equipment < \$5,000 has decreased based on replacement schedules and current needs.

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The Equipment > \$5,000 has decreased \$94,745 due to one-time funding that is no longer available and IT equipment > \$5,000 has increased \$18,000 for necessary replacement of sequel servers in the lab and warehouse.

In the Grants/Benefits and Claims line item grants have decreased by a total of \$4,123,758. Of that amount \$3,600,000 was due to one-time grant funds received for the Public Health Emergency Response grant (H1N1) and the remaining amount of \$523,758 is due to a decrease in federal funding available for grants to local public health units and the ND Board of Animal Health for the Public Health Emergency Preparedness program and local hospitals and long term care facilities for the Hospital Preparedness program.

**Special Populations**

Salaries and wages have increased \$119,738 in this section. Included in that amount is \$84,270 for a half time temporary employee with health insurance to carryout ongoing critical clinical activities that are not getting done on a timely basis. Funding for this activity is \$50,000 of general funds and 34,270 of federal funds. The \$50,000 of general funds came from the operating line. The balance of the increase or \$35,469 is from equity adjustments and legislatively approved raises. General funds in this section have increased \$50,000 as noted above and \$13,305 from the 5% salary increase allowed by OMB.

In the operating line item travel has decreased \$475. This is due to an increase of \$5,500 for the new part time temporary employee and an offsetting decrease of approximately \$6,000 due to an over projection of inflation for the current biennium for existing staff. IT Software/Supplies decreased \$10,472 to reflect current needs. Postage and printing totaling \$3,229 have decreases due to decrease funding in the primary care grant. Repairs have increased \$4,531; the majority of that increase or \$3,192 is due to the increase copier needs of the new person. Professional development has decreased \$2,564 as a result of reduced funding in the health disparities program. Professional services decreased \$80,222. Of that \$50,000 is from the reduction of the early hearing detection & Intervention project funded with general funds and \$30,222 is from the SSDI federal grant which was over projected in the current budget. Other changes in the operating line item are inflationary.

The equipment greater than \$5,000 line item includes a much needed new copier to replace the old one funded with federal funds.

Grants have increased by \$109,665. This includes an increase of 52,500 of federal loan repayment grant funds, 45,508 for children with special health care needs and the balance of 11,657 in the primary care program for grants to UND. There is also a reduction of \$50,000 for Russell the Silver program and an offsetting increase of \$50,000 for a new program called "Catastrophic Relief Funds" which will be used for not only the Russell Silver program but other diseases as well.

<b>Change Group:</b> A	<b>Change Type:</b> A	<b>Change No:</b> 4	<b>Priority:</b>
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Community Health Trust Fund

**Community Health**

Due to lack of funding in the Community Health Trust Fund the following activities have not been included in the base budget: Women's Way Program for \$304,332; Colorectal Cancer Screening for \$338,233; and Heart Disease and Stroke for \$250,076. All three of these programs will be requested as general funding in the optional request.

**Emergency Preparedness and Response:**

Due to lack of funding in the Community Health Trust Fund grants to ambulance services of \$300,000 were reduced in the base budget and requested in the optional request from the general fund.

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**Special Populations**

Due to lack of funding in the Community Health Trust Fund, the Dental, Physician and Veterinary Loan Repayment programs were decreased by \$460,948. Current commitments to loan participants is included in the base, however any new participants are being requested as an optional request.

<b>Change Group:</b> A	<b>Change Type:</b> A	<b>Change No:</b> 5	<b>Priority:</b>
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Epidemiology Lab Capacity

**Medical Services**

This is an expansion of our current program and includes one full time temporary epidemiologist and fringe benefits including health insurance totaling \$138,623 and associated operating costs of \$16,800. Grants of \$320,000 are to enable private laboratories to report electronic lab related data to the Health Department.

**Environmental Health**

This is an increase of the current federal program and includes a temporary microbiologist and associated operating costs. \$118,800 is included in salaries and wages, and \$18,270 is included in operating.

<b>Change Group:</b> A	<b>Change Type:</b> A	<b>Change No:</b> 8	<b>Priority:</b>
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Health Infrastructure Improvements

This is a new federal grant with one FTE and associated operating costs. The FTE (\$164,717) is for a Performance Improvement Manager (PIM) who will serve as a technical expert and a resource to the Health Department management team. The PIM will provide leadership in public health quality improvement efforts by assisting the Department of Health (DOH) in moving forward with strategic and business planning, providing performance/quality improvement training and guidance at the DOH and local public health, providing technical assistance to the DOH and to local health in conducting community assessments and preparing for accreditation and participating in the national network of performance improvement professionals.

<b>Change Group:</b> A	<b>Change Type:</b> A	<b>Change No:</b> 12	<b>Priority:</b>
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Base Budget Capital Assets

Add Capital Assets to Base Budget.

<b>Change Group:</b> A	<b>Change Type:</b> A	<b>Change No:</b> 22	<b>Priority:</b>
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EMS Changes

**Emergency Medical Services Division:** Due to a reduction of over \$500,000 of federal funding from the Department of Transportation this division has been reorganized to provide a minimum level of service to ambulance service and the state wide trauma program. The total FTE's in this division has been reduced by 1.5 and operating expenses have been reduced significantly. General funds in the operating line item that were not reduced were shifted to the salary line item to replace some of the lost funding. All that remains in the operating line item is operating expenses for the 7 staff members, professional services of \$60,000. The professional services are for a

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contract for \$55,000 of federal funds for pediatric training for ambulance services and legal fees of \$5,000. IT contractual services of \$25,300 are for ambulance inspections and registry maintenance. An optional budget request will be prepared to restore the basic services in this division and to restore one FTE.

The grants line item has decreased \$125,000 due to lack of funding in the health care trust fund for the ambulance quick response unit pilot project.

<b>Change Group:</b> A	<b>Change Type:</b> A	<b>Change No:</b> 23	<b>Priority:</b>
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**Womens Way Care Coordination**

This federal program will provide patient navigation services to low income, uninsured and underinsured North Dakota women ages 40 through 64. Travel costs of \$53,610 are available for existing staff to travel to local coordinating units and provide ongoing training, resources and assessment of projects and resolution of current and potential issues. Professional supplies and printing will be for purchasing and printing of education materials. Grants of \$400,740 will be given to local coordinating units who will oversee case management and patient navigation services for their region.

<b>Change Group:</b> A	<b>Change Type:</b> A	<b>Change No:</b> 24	<b>Priority:</b>
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**Oral Health Workforce Life**

This federal program includes temporary salaries of \$105,820 for four dental hygienists and associated operating costs. Dental and medical supplies of \$57,800 are for sealant material, dental hand instruments, and portable lighting. The equipment greater than \$5,000 includes portable dental stations and sterilization units that will be used for a statewide school based sealant program. Grants will be given to two non-profit organizations that will develop and implement a dental care program for nursing homes, and expand delivery to low-income and underserved populations.

<b>Change Group:</b> A	<b>Change Type:</b> A	<b>Change No:</b> 25	<b>Priority:</b>
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**Home Visiting**

This is a new federal program that will provide home visits to low income eligible families and eligible families in at risk communities. Home visits will be conducted to provide improvement in prenatal care, maternal and child health, school readiness, and coordination of services for families. A needs assessment will be conducted to determine eligibility. This package includes one new FTE for the program director and temporary salaries for an administrative assistant. The operating line item includes operating costs for the staff and IT contractual services of \$50,000 for development of a data system. Professional fees of \$80,000 are for contracts to program evaluators. Grants of \$845,000 will be distributed to local health units to provide home visiting services.

<b>Change Group:</b> A	<b>Change Type:</b> A	<b>Change No:</b> 26	<b>Priority:</b>
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**Cribs for Kids**

The primary purpose of this program is to distribute safe cribs and provide one-on-one education to the most vulnerable families in our state. Special funding will be received from a grant from the Ronald MacDonald House Charities of Bismarck and Fargo and other organizations.

<b>Change Group:</b> A	<b>Change Type:</b> A	<b>Change No:</b> 27	<b>Priority:</b>
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**Injury Prevention Position**

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This change package includes one new FTE and associated operating costs funded with general funds for the Injury Prevention program. This is a new position that will manage and evaluate state funding granted to 21 domestic violence/rape crisis agencies. Over the past several biennium's federal and general funding granted to local domestic violence sites has increased substantially. This has created an increasing need for assistance at the state level.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 10	<b>Priority:</b> 34
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Asthma Program

**CSHS Asthma Clinic \$140,711****Project Description:**

Children's Special Health Services (CSHS) funds multidisciplinary clinics that support coordinated management of nine different types of chronic health conditions. Clinics provide access to pediatric specialty care and enable families to see many different medical providers and health-care professionals in one place at one time. Care is comprehensive and coordinated and families receive needed information and follow-up support.

Expansion in one of these clinics has been requested to meet the demand for children's asthma clinic management within the south central portion of North Dakota. Children who attend these clinics have care managed based on established national guidelines for the diagnosis and management of asthma. Appropriate self care is promoted as families receive appropriate asthma education and an asthma action plan for their child.

It is anticipated that the amount of general fund support needed will be reduced over time as billing is initiated for services that are traditionally covered through public and private insurance sources.

**Project Need:**

Asthma is a common long-term disease in children. When well controlled, decreased symptoms result and there is less absenteeism from work or school and fewer visits to the hospital or emergency room. Nine percent of the children in ND have ever been diagnosed with asthma, and 6 percent currently have asthma. This equates to approximately 10,000 children who currently have asthma. (BRFSS 2007 & 2008).Currently clinic staff report there is a 2-3 month waiting list for services.

**Outcome Measures:**

Currently, the asthma clinic program reports data on children served. They also report:

- 96% of families report that the asthma clinic helps them manage their child's health condition.
- 96% of families report that they agree or strongly agree that they have received sufficient information while attending the asthma clinic.
- 94% of families report that their child is taking prescribed asthma medication as directed by the physician.

Asthma clinic staff are requesting \$140,711 for the 2011-2013 biennium. Based on preliminary budget figures they submitted, the majority of funding would be devoted to personnel salaries and/or clinic staff honorariums and clinic supplies. For the current biennium, their contract is for \$60,491.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 11	<b>Priority:</b> 32
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Digital X-Ray Machine Forensic Examiner's Office

**BUDGET CHANGES NARRATIVE**

301 ND Department of Health

Bill#: HB1004

Date: 01/13/2011

Time: 11:03:50

**Digital X-ray Equipment \$43,445**

This request is for two pieces of equipment needed at the forensic examiner's office – an NXC Imaging Processer quoted at \$36,950 and an Aribex Portable X-ray Machine quoted at 6,495. This is a one-time expense for equipment purchase with no federal funds available.

The current x-ray processing system at the Forensic Examiners Office was purchased in 1999 and consists of a chemical x-ray film processor. This processor is antiquated. It will soon be difficult and expensive to repair. In the future, obtaining x-ray film may not be at all possible, as is the use at present for Polaroid film.

At present, most of the local health facilities have converted to digital x-ray systems. When we need to make a copy of a chemically processed x-ray, there is only one facility (located in Mandan) that is able to provide this service. This will soon be converted as well.

X-rays play a vital role in locating and identifying foreign objects such as bullets, as an identification tool for unidentified human remains, and in identifying fractures, particularly in abused infants and children.

One of the major advantages of digital radiography is the ability to enhance visibility of detail and to optimize the contrast without having to retake an x-ray. Digital radiography is also more efficient. Images can be stored electronically for instant retrieval. Storage space is saved. Chemical processing with its inherent health and safety risk is avoided.

After mass fatalities, such as 9/11, Katrina, and the Oklahoma City bombing, identification of individuals through dental records is often necessary. Mass disasters/fatalities, such as transportation accidents, explosions, fires, mass murders and mass suicides, incinerated and/or disrupted bodies, often leave them in no condition for visual identification.

The need for safe, *portable* radiography equipment for disaster victim identification and forensic applications is critical. A portable handheld unit gives the flexibility of use in the field where electricity is not available. Our current x-ray unit lacks portability and would be cumbersome to transport to a mass disaster site. Risk of damage would be significant. Transport of this unit would be inadvisable. The portable, hand held x-ray unit would be ideal for transport to a mass disaster site. This unit could also be used on a daily basis to obtain specialized dental radiographs for use in identifying human remains and as a backup unit in times where a digital x-ray processor is being repaired. Additionally, this unit could serve as an aid in locating firearms projectiles in deceased individuals, thus expediting their recovery from the body.

Change Group: A	Change Type: C	Change No: 13	Priority: 14
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ARRA MS Healthcare Associated Infections MS

**Health Acquired Infections– (\$80,328)**

Development of a statewide plan that will improve the identification, reporting and prevention of healthcare associated infections (HAI). \$80,328

Change Group: A	Change Type: C	Change No: 14	Priority: 13
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ARRA MS Immunization Programs

**Immunization (\$528,207)**

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1. Contracts to enhance the interoperability between the North Dakota Immunization Information System (NDIIS) and various private provider electronic health records (HER) throughout the state. Interoperability will ensure immunizations are entered on a timely basis and allow private providers to avoid entering information twice, reducing provider costs.
2. Enhancing the NDIIS registry to improve data quality.
3. Add capabilities to the NDIIS in an effort to increase the number of children and adults vaccinated against vaccine-preventable diseases.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 15	<b>Priority:</b> 20
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ARRA SP Primary Care

Primary Care – (\$42,270) - Continuation of ARRA funding to provide a grant to UND to increase the number of health care providers and access to quality health care to shortage areas.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 16	<b>Priority:</b> 31
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Specialty Care CSHS

**CSHS Specialty Care Diagnostic and Treatment Program \$83,950****Project Description:**

The CSHS Specialty Care Diagnostic and Treatment program helps families pay for medical services for eligible children. With this program, providers are paid for health-care visits and tests needed to diagnose many chronic health conditions seen in children. Providers are also paid for specialty care that is needed to treat an eligible condition.

The state legislature set financial eligibility for CSHS treatment services at 185% of the federal poverty guidelines. Medical eligibility is based on a list of conditions recommended by the CSHS Medical Advisory Council. Diagnostic and treatment services apply only to the eligible medical condition(s) for which the child has been approved. It does not cover all medical care that the child may need (e.g.) well-child visits.

Other programs such as SCHIP and Caring for Children have increased poverty level eligibility over the years while CSHS has stayed consistent at 185% of the federal poverty guidelines despite the well-documented financial hardship experienced by many families having children and youth with special health care needs. Increasing the percentage of poverty would allow more families to access and utilize the CSHS Diagnostic and Treatment Services Program.

**Need for the Project:**

According to the 2005-06 National Survey of Children with Special Health Care Needs, only half of ND children with special health care needs from households at 100–199% of the federal poverty level (FPL) report that they have adequate private and /or public insurance to pay for the services they need. This is compared to 65% of the families at 0-99% FPL and 75% of children above 200% FPL. Children served through the Specialty Care Program usually have a primary source of health care coverage but may be underinsured. CSHS is often a gap-filler, covering what other payers don't. Increasing the percentage of poverty would allow more families to access and utilize the CSHS Diagnostic and Treatment Services Program. Both the CSHS Medical Advisory Council and the Family Advisory Council have recommended increasing income eligibility to 200% of the federal poverty level.

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**Budget Description**

The method used to estimate the impact of increasing eligibility levels for families was calculated by determining the percent of children with special health care needs currently served by CSHS at 185% of poverty and applying that same percentage to the number of children that would be eligible at 200% of poverty. The number of children that currently have a cost share for CSHS was also reviewed. Based on this information, it is expected that 14-35 additional children might be served by CSHS if the poverty level to determine eligibility were increased from 185% to 200% of the federal poverty level. Since this is a range, the budget estimate was calculated based on an increase of 25 children.

The average billed amount per child served by the CSHS Specialty Care Program in FFY 2009 was \$3,800. Of that amount, an average of \$2,121 per child was paid by insurance leaving a balance due of \$1,679. (25 children x \$1,679 x 2 years = \$83,950)

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 17	<b>Priority:</b> 29
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ND Early Hearing Detection &amp; Intervention CSHS

**Early Hearing Detection and Intervention Program \$400,000****Project Description:**

The ND Early Hearing Detection and Intervention (EHDI) program is currently administered by the North Dakota Center for Persons with Disabilities (NDCPD) at Minot State University utilizing federal grant funds. Without state support to sustain it, ND's EHDI program may come to an end effective March 31, 2011 when the current federal grant funding ends.

The ND EHDI program's goals are: 1) To screen newborn infants for hearing loss before one month of age, 2) To complete diagnostic evaluations on infants who don't pass the screening before three months of age, and 3) To enroll infants in early intervention services before six months of age. These goals are endorsed by the Joint Committee on Infant Hearing, the American Academy of Pediatrics, and the US Preventive Services Task Force.

**Project Need:**

Studies show that children who have a hearing loss often have developmental delays. Children with a hearing loss may lag behind their peers in language, cognition and social-emotional development. Such delays may result in lower educational and employment levels in adulthood. Given the serious ramifications of late identification of hearing loss, it is important to perform timely newborn hearing screening, diagnosis, and intervention.

**Outcome Measures:**

Outcome measures have been used to evaluate the EHDI process. With the use of the web-based tracking system known as OZ, the ND EHDI program has the ability to track several measures including:

- **The percent of infants that have been screened for hearing loss before hospital discharge.** In 2009, 98% of the births received a hearing screening prior to discharge.
- **The percent of infants that are referred for a diagnostic evaluation.** In 2009, 8.8% of the infants that were referred from the initial birth screen and from the outpatient screening were referred for a diagnostic evaluation with an audiologist. The national benchmark: <4%.
- **The number of infants that are diagnosed with a hearing loss.** In 2009, ten infants were identified as having a hearing loss on the OZ system. The national incidence level is that 2-3 infants per 1000 have a hearing loss.

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**Budget Description:**

Children's Special Health Services would develop a \$400,000 contract with the North Dakota Center for Persons with Disabilities (NDCPD) that would allow them to continue the statewide EHDI program that has been operating on federal grant funds over the last ten years. It is anticipated that this funding would be used to support staff to administer the program at NDCPD and to cover general operating expenses such as travel, contractual services, user licenses for the web-based tracking system, operating fees for use of early intervention and provider access modules, training for participating hospitals, audiologists and program staff, etc.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 18	<b>Priority:</b> 8
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Dental Loan Repayment &amp; New Practice

**Dentist Loan Repayment Program and New Practice Grants \$200,000**

**Description:** The Dentist Loan Repayment Program is designed to attract dentists to North Dakota to practice in areas of need. The focus of the program is to encourage new dental school graduates to practice in North Dakota. Each dentist selected may receive up to \$80,000 in exchange for providing four years of service in a selected community or communities. Three new dentists may enter the program each year. Preference is given to dentists who will serve in rural underserved areas.

The dental loan repayment law also allows for grants to dentists who will establish a dental practice in a city with a population that does not exceed seven thousand five hundred people. The grants are \$50,000 paid over a five year period. Half is paid by the community where the dentist practices and half is paid by the state.

**Funding:** The Community Health Trust Fund (CHTF) has been used to fund the program. However, as we enter the 2011-2013 biennium funding is only available to honor loan repayments contracts entered into through the end of the current biennium. CHTF are no longer available to add new dentists in future periods. Twelve dentists will be participating in the program at any given time. Additional general fund dollars (\$180,000) are requested to support the dentists that will be added over the 2011-2013 biennium. An additional \$20,000 of general fund dollars is requested to support two new dentists in the dental practice grants program over the 2011-2013 biennium.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 19	<b>Priority:</b> 9
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Dental Loan NonProfit Repayment

**Dental Loan Non Profit Repayment \$180,000**

**Description:** The Dental Loan Repayment law (NDCC 43-28.1) is designed to attract dentists to North Dakota to practice in areas of need. The law gives preference to dentists who will work in rural areas. Three new dentists may be added to the loan repayment program each year. Approximately twelve applications are received each year. Most new dentists selected for loan repayment awards work in rural areas. In light of the fact that more applications were received than the three slots available, some dentists who were willing to work in non profit dental clinics and serve low income populations in urban areas were not able to receive loan repayment awards. In the 2009 Legislative Session, Senate Bill 2358 addressed this by providing loan repayment awards of \$60,000 to dentists who work in non-profit/public health dental clinics that bill patients on a sliding fee schedule. Three dentists may be selected for awards during the 2009-2011 biennium. The dentist must work at the clinic for three years. The award is paid over a two year period. Senate Bill 2358 was one-time funding of \$180,000 for the 2009-2011 biennium.

During the first year of the 2009-2011 biennium all three slots were filled. All of the dentists work in nonprofit dental clinics that serve low income populations (Bridging the Dental Gap Clinic-Bismarck, Valley Community Health Center-Grand Forks and the Family Community Health Center-Fargo). Four applications were received but only

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three could be given awards. This program has a very strong potential of adding three dentists to serve low income populations each biennium. All of the nonprofit dental clinics mentioned above are expanding and will serve larger numbers of low income populations.

**Need:** With the expansion of nonprofit dental clinics that serve low income populations in North Dakota additional dentists will be needed to provide the services. The loan repayment program provides a recruitment incentive for attracting dentists to these clinics and retaining them for at least three years. Further, most dentists in North Dakota cannot accept new Medicaid funded clients. Of 381 dentists licensed in North Dakota (2008-2009 North Dakota Board of Dental Examiners), only 19.2% saw 50 or more Medicaid or SCHIP beneficiaries under the age of 21 during the year 2008-2009 (Association of State and Territorial Dental Directors, FY 2008-2009, North Dakota Office of Oral Health, Bismarck, ND).

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 20	<b>Priority:</b> 10
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Physician Loan Repayment

**Physician – Mid Level Loan Repayment \$270,000**

**Description:** The loan repayment programs for physicians and mid level practitioners (nurse practitioners, physician assistants and certified nurse midwives) are intended to attract health professional workers to serve in North Dakota's areas of need and workforce shortage areas. Physicians may receive \$90,000 for two years of service in a selected community and mid level practitioners may receive \$30,000 awards for two years of service in a selected community. Half of the awards are paid by the community (usually by a hospital or clinic) and half is paid by the state. The State Health Council may select any number of recipients and communities each year as participants in the programs, subject to the availability of funding.

**Funding:** General fund dollars and Community Health Trust Funds (CHTF) were used in the 2009-2011 biennium to support the loan repayment programs (\$75,000 General Fund and \$272,500 Community Health Trust Funds). CHTF will be used to honor existing loan repayment contracts entered into as of the end of the 2009-11 biennium. But in order to allow three new physicians and three new mid level practitioners into the programs each year of the 2011-2013 biennium, \$270,000 of General Funds is requested.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 21	<b>Priority:</b> 38
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Vet Loan Repayment

**Veterinarian Loan Repayment \$135,000**

**Description:** The loan repayment program for doctors of veterinary medicine is intended to attract large animal veterinarians to serve in North Dakota's areas of need. The veterinary loan repayment law allows three new veterinarians per year that are approved by the State Health Council with advice from the North Dakota Board of Animal Health. Each veterinarian may receive \$15,000 for the first year of service, \$15,000 for the second year, \$25,000 for the third year and \$25,000 for the fourth year of service.

**Funding:** Community Health Trust Funds were used in the 2009-2011 biennium and will be used to honor existing contracts as of the end of the current biennium. But in order to support new veterinarians over the 2011-2013 biennium, an additional \$135,000 of general fund money is requested. This will assist the public health sector in assuring safe and healthy livestock for human consumption or interaction.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 29	<b>Priority:</b> 12
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Salary Equity Package

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**Salary Equity Package \$1,616,000 (\$874,000 general fund; \$742,000 federal or special funds)**

The North Dakota Department of Health is requesting a salary equity package because of the large number of our staff that are paid significantly less than employees in other state agencies. Employee compensation has been researched by the department since 2004 when the Department of Health conducted a survey of its employees to assess the organizational climate of the agency. Virtually every measure in the survey that related to compensation established it as a primary issue. Further analysis by the Department of Health determined that pay varied, sometimes significantly, within state government and that the department had fallen behind in a number of classes.

Using data available from Human Resources Management Services, the department identified several of its classifications where the average salaries lagged at least 5.00% behind similar classes in state government. Analysis of the average salaries of other state classes and/or the average salaries paid other state employees in the same grade revealed that 33 of 73 Department of Health classifications are at lower rates of pay than other state departments and agencies in classified service. Increases would vary significantly, however the 168 employees are, on the average, 9.3 percent behind state employees in similar classifications and grades. This is an increase of 38 percent more employees over our request for the 2009 session when 122 employees were 5 percent or more below.

These figures were compiled using as direct comparisons as possible, for example comparing the average for Administrative Assistant Is in the Department of Health to average of Administrative Assistant Is in classified service. In some cases such as environmental engineers, comparisons were made with other engineering classes, e. g. transportation engineers, because they are at the same grade and we are the only agency with Environmental Engineers. When a classification could not be compared directly, e.g. no other agencies employ epidemiologists, the difference between the average salary for Department of Health employees in the classification and the average salary for state employees in the same grade was used.

An equity increase is required for the department to increase employee salaries and reach a compensation level that is closer to the current level paid in other North Dakota state agencies.

The department will be able to match some of the requested general funds with federal or special funds for the increases.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 30	<b>Priority:</b> 21
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AS Regional Network Incentives

**Local Public Health Regional Pilot Project \$275,000****Description and Need:**

The Office of Local Public Health requests \$275,000 to provide incentives to encourage and allow local public health regions to implement regional networks and pilot shared services and functions. There is a wide variety in the levels of services local public health units (LPHU) provide and in their capacity to provide comprehensive services. There are many single county local health departments which lack adequate workforce capacity and expertise to provide services and program so the staff tend to "wear many different hats". Therefore, North Dakotans cannot expect equitable public health services throughout the state.

The 2009 Legislative Assembly authorized LPHUs to form regional networks through joint powers agreements (JPA) and provided funds for a pilot project. The goal of the pilot project is to determine whether it is possible to create an effective JPA within a network of LPHUs and whether a JPA has the potential to produce cost savings and more efficient and effective service delivery systems. Financial support was provided to the site to fund planning and the provision of public health services and administrative functions within the network.

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Funding is requested to allow one more region to pilot the formation of a network during the next biennium. An additional pilot site would assist in identifying what services and functions should be shared and assist in identifying the most effective and efficient regional delivery model to be potentially implemented in the remaining regions.

Local public health has demonstrated their support by identifying funding for Regional Networks as a legislative priority.

This project will indirectly impact North Dakota's health status indicators by improving the efficiency and effectiveness of public health services provided to the public.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 31	<b>Priority:</b> 25
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AS State Aid to Locals

**Local Public Health Support \$1,275,000****Project Description:**

The local public health units (LPHU) are the foundation of the public health system and the major player in providing health services to community based programs and the services that assure and protect the health of our citizens. A report by the Trust for America's Health concludes that an investment of \$10 per person per year in proven community-based programs could result in considerable medical cost savings. An investment in public health would potentially result in \$6.20 savings for every \$1.00 spent for North Dakota.

Local public health agencies are expected, and often required, to provide services and reach people that private and other governmental agencies fail to adequately address. In this context local public health agencies are regarded as the residual guarantor for essential services. They are also required by state law to provide services to North Dakota citizens regardless of ability to pay. As a result, services are often rendered without reimbursement either by insurance or client payment. Consequently, local health departments operate on relatively small budgets.

LPH funding sources are generally from local government (local tax dollars), state government and federal pass-through funds. The 2009 National Association of City and County Health Official Profile Study of Local Public Health Department indicated that the average percentage of revenue sources for ND local public health units is 33% from local government, 36% federal pass-through, 9% state direct (only 5% from state general fund), 8% from Medicaid and Medicare and the remaining 13% from fees and other sources. The national average from state direct is 20%. Only local and state general funding sources allow flexibility in expenditures or allocations. The majority of the flexible funding source is from local governments so in order to respond to community needs such as the changes in demography and health status, increased health care costs, and latest health care trends (such as under-funded or unfunded mandates) it requires a continual burden on local tax payers. In addition, there is a barrier to generate additional local tax dollars as health district budgets may not exceed the amount that can be raised by a levy of five mills as mandated in state statute. Presently, health districts average a 4 mill appropriation.

Local public health administrators have identified the following priority areas that are heavily subsidized by local funds, have unmet needs and/or increasing in cost:

1. Supplement local health unit operational expenses for the increased health insurance and retirement premium costs.
2. Supplement funding for maintenance of services for programs that received federal cuts such as Maternal and Child Health (MCH).
3. Increase flexible funding to support local community needs such as home nursing visits.

**Budget Description**

Supplement LPHU Operational Expenses- \$625,000

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An increase in state aid funding is necessary to allow flexibility in responding to individual community needs and to the emerging issues. A survey of local public health units was conducted to identify state aid funding needs. 24 out of 28 health units responded. 80% of the responding health units indicated they would use additional state aid funding to support health and retirement insurance premiums and salary increases. The survey indicated that the projected increase of 8% for retirement premiums and 10% for health insurance premiums for each eligible employee would result in an estimated total of \$625,000 increase in operation expenses for all responding health units. As an example, for Walsh County Health District, a small, single health unit, this would result in a \$56,000 increase.

**Maintenance of MCH Services- \$150,000**

Local public health units received a total reduction of \$146,418 of MCH block grant federal pass through funds. This source provided flexible funding to provide community needed services such as school health, injury prevention, oral health, physical activity and nutrition, well infant and child and car seat activities, all of which typically don't have any other federal funding sources.

**Support Community Needs- \$500,000**

Other needs for state aid funding indicated in the survey are for the provision of nursing services, MCH services, immunizations and environmental health services.

North Dakota is faced with the challenge of meeting the needs of its growing population of elderly persons and Public Health is certainly one of the major players in elder care issues. Along with services to the elderly, Local Public Health is seeing a need and a gap in services for the mentally ill who live in communities around our State. Human Service Centers provide assistance to the mentally ill with the psychiatric medications, but not medications related to chronic disease. Local public health has had an increased demand and expectation to fill the gap and provide case management and medication assistance to both these populations again with little or no reimbursement. The only revenue sources for most of the nursing services are the minimal client paid fees and local government funding.

Public Health Home visits provide the following:

- Medication monitoring – medications are set up and nurses monitor compliance.
- Assessments – blood pressures, weight monitoring, blood sugars.
- Case Management and referrals to other services within the community.
- Foot care

It is estimated that the monthly cost for caring for a client in a nursing home is \$4500, however the approximate monthly costs for public health services to assist a client in their home is \$130. There is considerable economic and social value in caring for a person in their home as long as possible.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 32	<b>Priority:</b> 11
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Replace CHTF Training Grant Funding

**Emergency Medical Services (EMS) Training Funds to Replace the Loss of Community Health Trust Fund \$300,000****Project Description:**

In the current biennium the Division of Emergency Medical Services and Trauma (DEMST) has \$1,240,000 for EMS training with \$940,000 from the general fund and \$300,000 from the Community Health Trust Fund (CHTF). This amount allows training for approximately 3,000 volunteers. Due to the insufficiency of funding in the CHTF,

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the \$300,000 was removed from the base budget. The DOH is requesting restoration of the \$300,000 from the general fund to replace the CHTF dollars and maintain the ability to train 3,000 volunteers.

DEMST has the administrative responsibility for funding ambulance services and EMS providers for training purposes. EMS personnel in the state are required to recertify every two years with a requirement of 72 hours of continuing education and as most of the people are volunteer this has been an excellent program for relieving the financial burden of the volunteers. Also, these funds provided for initial training of new EMS personnel to insure our state has adequate numbers of new personnel entering the system as this workforce has aged and has a relatively high rate of attrition.

**Project Need:**

Loss of this funding will affect our ability to train 750 or 25% of the volunteers we are currently able to provide training for. The climate in the EMS arena is at best challenging, with the lack of volunteers and the EMS workforce aging. Whatever we can do to attract and retain EMS personnel is essential to continue the EMS system throughout the state. The reduction of funding in this area will directly impact the number of people available to ambulance services for staffing because of the additional financial burden placed on the individual and the ambulance service for training. If training and education become a financial burden for the individual as well as the ambulance service, the likelihood exists for significant erosion of the system which could result in areas of decreased EMS coverage or decreased quality of service.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 33	<b>Priority:</b> 36
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EMS Staffing Grants

**Emergency Medical Services Staffing Grant Funds \$1,000,000****Project Description:**

DEMST requests \$1,000,000 to continue staffing grants that were provided in the 2009-11 biennium. This coupled with the previous allocation of \$1,250,000 will keep the staffing grant at the 2009-11 level of funding of \$2,250,000. The staffing grant has played an integral part in sustaining volunteer ambulance services. The staffing grant was initially established to help volunteer services staff their ambulances with appropriately trained EMS personnel when they had scheduling shortages based on the ever increasing loss of personnel. This program has been very successful in helping the most needy ambulance services. In the past year we funded 39 ambulance services to a maximum level of up to \$45,000. Many ambulance services have indicated that the staffing grant was the one single issue that accounted for their survival. To regress from the biennial funding level of \$2,250,000 to \$1,250,000 would result in a 45% decrease in our ability to fund the current numbers of ambulance services. This request addresses the above goal and objectives by ensuring there is adequate coverage of ambulance services on a 24 hour per day, 7 days per week schedule.

**Project Need:**

There are many factors affecting the delivery of prehospital care.; Shrinking volunteer workforce, some communities impacted by the oil boom with increasing population and a secondary increase in severity of patients, an increase in the cost of equipment and the generational difference in volunteers make a case for increasing financial commitment to retain the high level of prehospital care that is enjoyed by our citizens. As the majority of ambulance service in the state are volunteer in nature the staffing grant plays a large role in sustaining the level of service within the state. Taking into account all of the financial support an ambulance service receives through fee reimbursement, local tax levies, and monies from the state, by far and away the single largest contributor or subsidies an ambulance service receives is the volunteer time spent by the thousands of volunteer EMS personnel.

This project will allow for staffing of critical access ambulances that are having difficulty in staffing a portion of their schedule. Because volunteers usually have jobs elsewhere there are situations that occur in small communities when an adequate number of volunteers are not available. This may result in large geographical areas of

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the state that are left uncovered or a reduction in the quality of care rendered in the prehospital arena. We would face a decrease in the number of ambulance services being licensed within the state, an increase in the number of substation ambulance services and a greater number of ambulance services that reach critical staffing issues.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 34	<b>Priority:</b> 2
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Replace DOT 402 Training Staff Funding

**EMS Training Funds to Replace DOT 402 and 408 Funding \$523,900****Project Description:**

The Division of Emergency Medical Services and Trauma (DEMST) requests an optional package of \$523,900 to replace federal funding from Department of Transportation (DOT) 402 and 408 that was passed through to the DOH for the past several years. Because of the loss of this money the division will have to significantly decrease the level of service to the EMS industry across the state and will lose 1.0 FTE in the data analyst position. Funding is also lost for an additional .5 FTE that is temporarily funded and providing assistance to the Hospital Preparedness Division. In addition, funding was lost for and we eliminated .5 FTE that we will not request to be filled.

The DEMST has relied on \$300,000 from DOT 402 funding for core functions of the division including training, testing, and education management. The DEMST has relied on \$223,900 from DOT 408 funding to pay for the data bases and one full time data analyst for the purpose of retrieving, analyzing and reporting relevant data to DOT and to a broad spectrum of EMS related entities.

**Project Need**

Because of the loss of funding we are unable to support the operations section and will see a significant decrease in the level of service to ambulance services and the statewide trauma program. The loss of this funding does not allow us to provide the statewide trauma registry. Loss of this system will put an end to the statewide process improvement which is a major function of the state trauma committee as we will no longer be able to assemble trauma data and trends in the state. Because of the loss of funding we will also have to give up the ambulance run reporting function that we are currently doing. Without the statewide data mined from this system we will no longer be able to determine whether ambulance services are in compliance with the rules establish for the EMS community. Without replacing these funds we would not be able to sustain the training, testing, education and the maintenance and reporting of the data bases the division currently provides for the 143 ambulance services within the state, reporting requirements of DOT and the ability to track data relating to EMS for all purposes.

We are the only agency in North Dakota that approves training, sets training standards, standardizes testing functions, distributes educational material, maintains data bases, generates many reports and regulates rules regarding training. We have a well deserved reputation of EMS educational excellence recognized even beyond the state's borders. There is no other agency within the state that can perform these functions as they currently exist.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 37	<b>Priority:</b> 1
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Suicide Prevention and Early Intervention

**Suicide Prevention \$741,493**

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The DOH Division of Injury Prevention and Control is requesting \$741,493 from the general fund and anticipates requesting funding in subsequent biennia to support statewide suicide prevention and early intervention across the lifespan. The request includes funding to support the salary for a program manager which had been funded with a federal grant for suicide which was discontinued during the 2009-11 biennium. State general funding of \$250,000 received for the 2009-2011 biennium was for grants only and did not support the costs of the program manager.

A Garret Lee Smith (GLS) Tribal and Rural Youth Suicide Prevention Grant awarded in October 1, 2006 to address suicide prevention and early intervention in 10 – 24 year olds ended September 29, 2010. An application in 2009 for an additional GLS grant was not funded.

The general appropriation of \$250,000 received for the 2009-2011 biennium was used to extend the work of GLS community-based programs, provide financial support of a crisis line, support survivor of suicide loss programs, provide mini-grants to community organizations for suicide prevention work, support training and education programs for primary care providers, clergy, law enforcement, and other community first responders, and continue public awareness campaigns statewide.

**Project Description**

Funds requested would be used to:

- Maintain the current state infrastructure to provide technical assistance and awareness programs to communities requesting support to establish local initiatives
- Provide competitive grants to communities for suicide prevention across all age ranges
- Continue partnerships with agencies within the ND Suicide Prevention Coalition
- Continue data collection of completed suicides and work with appropriate health care facilities to collect suicide attempts data
- Develop a resource library of suicide prevention materials

**Project Need**

The *2005 North Dakota Suicide Prevention Plan* indicated that between 1994 and 2002 North Dakota's suicide rate was higher than the national average for eight of the nine years.

Recent statistics show:

- The overall suicide rate increased from 12.9 per 100,000 in 2003 to a high of 14.8 in 2007, then moderated to 13.9 in 2009.
- The 25-34 age group jumped to 27.3 in 2006 and 26 in 2009 from an average of 15.2 during the years 1994-2003.
- American Indian rates in 2009 were nearly double the Caucasian rates.
- ND veterans made up 15.7% of all suicides in the adult ND population in 2009.
- Among all ND veteran suicides in 2007, 20% were soldiers who had served in the Middle East conflicts. There were 48 attempts between July 2009 and March 2010.

Access to mental health services in rural areas and the stigma of accessing mental health professionals are serious obstacles for individuals and families needing assistance to reduce the danger and harm of suicidal behavior for veterans and citizens in all age groups.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 38	<b>Priority:</b> 5
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EH Pesticide Permit Program

## BUDGET CHANGES NARRATIVE

301 ND Department of Health

Bill#: HB1004

Date: 01/13/2011

Time: 11:03:50

### Pesticide Permit Program \$765,871 (\$306,348 general fund; \$459,523 federal funds)

Pursuant to a recent federal court decision, the U.S Environmental Protection Agency (EPA) is in the initial stages of developing a Clean Water Act (CWA) National Pollution Discharge Elimination System (NPDES) for the application of pesticide products. This program would require pesticide applicators to obtain a permit when a pesticide would be placed in, on or near waters of the state. Those required to obtain a permit could include farm operations, commercial applicators, weed control boards, municipalities and the industries. Because North Dakota has been granted primacy to implement most of the CWA programs EPA is requiring North Dakota, along with other primacy states, to develop and implement a Pesticide Discharge Permit Program.

The state is currently in the preliminary stages of drafting a state permit that could include record keeping requirements, water quality monitoring, pesticide registration and development/application of pesticide best management practices. At the state oversight level we would be required to develop a state permit, maintain records, conduct inspections, conduct compliance assistance and enforce the permit program. In addition, to reduce the monitoring requirements for permit holders, the department is proposing to implement a statewide surface water pesticide monitoring program. This action would require the purchase of proper laboratory analytical equipment. Other agencies such as the North Dakota Department of Agriculture would also see benefit in the laboratory equipment to analyze pesticide samples that currently are shipped out of state.

If the state chose not to implement the program the following are possible actions to be taken by EPA: 1) They would directly implement the program in the state and reduce the current state grant funding for water quality programs; or 2) Withdraw the entire primacy agreement from the state of North Dakota, in effect taking back all water quality programs currently implemented by the state. This action would impact all citizens of the state including municipal, industrial and private facilities that currently depend on the state to provide, monitor and enforce the existing NPDES program.

#### Budget Description:

The budget request has a number of components associated with it. Federal funds of \$459,523 are available and the remainder of \$306,348 is requested from the general fund. These are as follows.

- Salary and Benefits. The \$110,194 (salary approximately \$40,000/year) in this line item would support the addition of 1.0 FTE in the Department's Surface Water Quality Management Program. This additional FTE is needed to conduct surface water sampling for pesticides (including water, sediment and fish tissues) and to analyze the data and prepare annual reports. We also would use some of this funding for administrative support for this position.
- Equipment over \$5,000. The \$545,000 in this line item includes the LC/MS/MS itself for \$516,000; \$9,000 for a dedicated power supply; and \$20,000 for a high capacity nitrogen generator. Liquid Chromatography-Mass Spectrometry/Mass Spectrometry (LC-MS/MS) is a separation technique and detection procedure that has high sensitivity and specificity. It will allow the laboratory to complete a larger range of water quality pesticide tests on a single sample at lower detection rates. This will allow for greater efficiencies in the laboratory reducing sample handling and turnaround time. The power supply is to provide the grade and stability of power required by the instrument. The nitrogen generator is to provide the quality and quantity of nitrogen used by the instrument. The LC/MS/MS will not operate properly without these peripherals.
- IT equipment under \$5000. \$4,000. This is the data system (hardware and software) that operates the instrument and processes the resultant data. It is provided by the instrument manufacturer and configured to integrate with the instrument.
- Medical, Dental, and Optical Supplies. This is an estimate of the consumables used by the laboratory for the instrument for 2011 – 2013 (\$25,400). This includes but is not limited to columns, syringes, and routine parts. This estimate also includes consumables used by the Surface Water Quality Management Program for sample collection (e.g., sample bottles, coolers, preservatives) in the first and subsequent biennium.
- Repair Services. \$37,000. This is a two year on-site service contract for the instrument and associated data system.
- Professional Development. \$5,000. This is training for the operator(s) of the instrument and associated data system.
- Travel. \$28,600. This is travel for the surface water pesticide monitoring, sampling and training as described under Professional Development.

Change Group: A	Change Type: C	Change No: 39	Priority: 16
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**BUDGET CHANGES NARRATIVE****301 ND Department of Health****Bill#: HB1004****Date:** 01/13/2011**Time:** 11:03:50**EH ARRA Arsenic Trioxide**

Arsenic Trioxide (\$2,000,000) - Implement construction activities at the ND Arsenic Trioxide Superfund Site, which will provide a protective drinking water remedy to rural households in the project area. Connecting approx. 180 rural users to the rural water system. The existing water treatment plant and water distribution system will be expanded to handle the increased demand and two additional water supply wells will be installed.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 40	<b>Priority:</b> 17
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**EH ARRA Water Quality 604(b)**

Water Quality 604(B) (\$50,000) - Development of Total Maximum Daily Loads (TMDLs) on multiple water bodies. TMDLs form the foundation for effective and efficient watershed-based planning.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 41	<b>Priority:</b> 18
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**EH ARRA Clean Water SRF**

Clean Water State Revolving Fund (\$360,156) - To invest in wastewater infrastructure that will provide long-term environmental, public health, and economic benefits.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 42	<b>Priority:</b> 19
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**EH ARRA Drinking Water SRF**

Drinking Water State Revolving Fund- (\$318,101) - To invest in drinking water infrastructure that will provide long-term environmental, public health, and economic benefits.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 43	<b>Priority:</b> 30
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**EH Public Water Oper Exp Reimb Program****Operator Expense Reimbursement Program – Public Water Systems \$200,000**

The North Dakota Department of Health – Division of Municipal Facilities is requesting \$200,000 from the general fund for the 2011-2013 biennium to continue implementation of an Operator Expense Reimbursement Program for operators of community and non-transient non-community public water systems serving a population of 3,300 or fewer persons. The need for general fund support for this program will be ongoing. No additional FTEs will be required.

As required by NDCC Chapter 23-26 and through its implementing regulations, NDAC Article 33-19, the Division administers a program for certification, recertification and training of public water system operators. Such operators incur expenses to become certified and to maintain certification. Expenses include: training materials; examination fees; annual certification renewal fees; and, registration, mileage, and per diem expenses to attend training necessary to satisfy continuing education requirements.

As required by the 1996 Amendments to the federal Safe Drinking Water Act, the U.S. Environmental Protection Agency (EPA) published guidelines on February 5, 1999, specifying minimum standards for certification/recertification of operators of community and non-transient non-community public water systems. States were given until

**BUDGET CHANGES NARRATIVE****301 ND Department of Health****Bill#: HB1004****Date:** 01/13/2011**Time:** 11:03:50

February 5, 2001, to adopt and implement a program that met these new minimum standards, or incur 20% withhold of its annual capitalization grant through EPA for the Drinking Water State Revolving Loan Fund program. EPA approved North Dakota's Operator Certification Program on September 27, 2000.

To assist in meeting these new standards, the 1996 Amendments further required EPA to make funding available to states to reimburse small community and non-transient non-community public water systems (serving a population of 3,300 or fewer persons) for the cost of training and certification. North Dakota's share of this one-time federal funding was \$681,564. During the time period March 14, 2002, through July 10, 2003, the Department applied for and received this funding through an initial grant of \$380,364 and two grant amendments totaling \$301,200.

Since 2002, the Division has administered an Operator Expense Reimbursement Program using this one-time federal funding. The funding is used to reimburse operators of eligible public water systems for certification and training expenses. Expenditures have averaged approximately \$88,000 per year over the last five years. At this rate of expenditure, the funds will be depleted by or before July 1, 2011. The Department will use \$20,000 of this request for program administration and the remaining \$180,000 for grants to public water system operators for certification and training expenses.

Small public water systems have benefitted financially from this program. The program has also been instrumental in: improving the percentage of properly certified water operators statewide from approximately 70% in 2001 to nearly 90% in 2009; and, maintaining the high compliance rate (95%) of public water systems statewide with health-based standards under the Safe Drinking Water Act. Continuation of the program will extend these financial, regulatory, and public health benefits for North Dakota public water systems and its citizens.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 44	<b>Priority:</b> 33
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EH Wastewater Oper Exp Reimb Program

**Operator Expense Reimbursement Program – Wastewater \$180,000**

The North Dakota Department of Health – Division of Municipal Facilities is requesting \$180,000 from the general fund for the 2011-2013 biennium to implement an Operator Expense Reimbursement Program for operators of state-permitted municipal and industrial wastewater systems serving a population of 3,300 or fewer persons. The need for general fund support for this program will be ongoing. The Department will use \$18,000 of this request for program administration and the remaining \$162,000 for grants to wastewater system operators for certification and training expenses.

As required by NDCC Chapter 23-26 and through its implementing regulations, NDAC Article 33-19, the Division administers a program for certification, recertification and training of wastewater system operators. Such operators incur expenses to become certified and to maintain certification. Expenses include: training materials; examination fees; annual certification renewal fees; and, registration, mileage, and per diem expenses to attend training necessary to satisfy continuing education requirements.

Since 2002, the Division has administered an Operator Expense Reimbursement Program using one-time federal funding for operators of community and non-transient non-community public water systems serving a population of 3,000 or fewer persons. The funding is used to reimburse operators of such systems for certification and training expenses. A separate request for general funds to continue this program has been developed as the federal funds will be depleted by or prior to July 1, 2011. Small public water systems have benefitted financially from this program. The program has also been instrumental in: improving the percentage of properly certified water operators statewide from approximately 70% in 2001 to nearly 90% in 2009; and, maintaining the high compliance rate (95%) of public water systems statewide with health-based standards under the Safe Drinking Water Act. Continuation of the program will extend these financial, regulatory, and public health benefits for North Dakota public water systems and its citizens.

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Currently, the percentage of properly certified wastewater operators (for state-permitted municipal and industrial wastewater systems serving a population of 3,300 or fewer persons) is approximately 68%. In addition, these systems continue to be challenged in properly operating and maintaining their wastewater systems to ensure proper treatment prior to discharge as required under the Clean Water Act. As small public water systems have, small wastewater systems will benefit financially from an Operator Expense Reimbursement Program. In addition, as it has for small public water systems, it is anticipated that an Operator Expense reimbursement Program for small wastewater systems will yield significant improvements in compliance with operator certification requirements and Clean Water Act standards. This will result in water quality and public health benefits for North Dakota and its citizens.

Change Group: A	Change Type: C	Change No: 45	Priority: 3
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Domestic Violence Rape Crisis Program

**Domestic Violence/Rape Crisis Program \$1,000,000**

The DOH, Division of Injury Prevention and Control is requesting \$1,000,000 from the state general fund to be distributed to the twenty-one local domestic violence/rape crisis agencies located across the state to provide prevention and intervention services on domestic violence and sexual assault issues in conjunction with the \$710,000 currently in the department's base budget.

With this funding, 841 victims of sexual assault were provided services by the domestic violence/rape crisis agencies during the first fiscal year of the 2009-11 biennium. At least 250 were under the age of 18 years old at the time of the assault.

In addition, with this funding 5,071 new victims of domestic violence also received services from the domestic violence/rape crisis agencies during the first fiscal year of the 2009-11 biennium. At least 5,422 children and 147 unborn children were directly impacted by incidents of domestic violence. Of the new victims, 578 were individuals with developmental or physical disabilities or suffer from mental illness.

During the 2009-2011 biennium the funds were awarded to the twenty-one domestic violence/rape crisis agencies based on a funding system developed by the department in collaboration with the ND Council on Abused Women's Services (NDCAWS). Use of the funds is monitored through a yearly progress report and site visits.

**Budget Description:**

Provide state funding to the 21 domestic violence/rape crisis agencies to maintain or enhance services to victims. Below is a listing as to how the requested funding will be used.

- Maintain current staffing to provide the core services,
- Maintain services such as crisis services provided by victim advocates, counseling services, and follow-up services to victims after the initial crisis has been addressed,
- Improve sexual assault programming for adolescent and adult victims and their families,
- Assist victims in receiving emergency services for economic assistance, access to professional services such as counselors, attorneys, addiction and treatment providers and transportation,
- Maintain outreach services to rural areas as well as special populations of elderly, immigrants, and people with disabilities, and
- Support primary prevention education and awareness efforts in schools and communities to prevent the first time occurrence of domestic violence and sexual assault crimes.

Change Group: A	Change Type: C	Change No: 46	Priority: 6
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State Stroke Registry

**BUDGET CHANGES NARRATIVE**

301 ND Department of Health

Bill#: HB1004

Date: 01/13/2011

Time: 11:03:50

**State Stroke Program \$250,700****Project Description:**

The Department of Health (DOH) was appropriated \$472,700 from the Community Health Trust Fund (CHTF) for the 2009-11 biennium to implement a state stroke program, including a stroke registry. In the 2011-13 biennium there is only \$222,000 available from the CHTF for this program. The DOH is requesting \$250,700 to sustain the state stroke program at the 2009-11 level.

The state stroke program is composed of several grant programs – statewide technology, chart entry, training, technical assistance and community awareness and education. These grants total \$447,700 and pass through to local hospitals and other local entities to obtain access to and populate the stroke registry, train pre-hospital and hospital personnel on rapid diagnosis and treatment of acute stroke, provide technical assistance to build regional systems of response and to conduct communication education on recognition of signs and symptoms of stroke and the importance of taking immediate action by calling 911. The remaining \$25,000 is used for statewide data purchase and training.

These funds assist the Department to: (1) develop and promote resources on best practices for signs and symptoms of stroke, risk detection and emergency response; (2) to provide and promote professional education and training programs on systems that support quality stroke care; and (3) develop policies and medical practices that increase adherence to national guidelines for stroke care and treatment of stroke. With the continued implementation of a state stroke program, adherence to guidelines for stroke care will improve treatment, lessen adverse effects of stroke and reduce long-term health care costs associated with stroke.

**Project Need:**

The primary components of cardiovascular disease – heart disease and stroke – remain the leading causes of death for men and women in North Dakota as well as the United States. In 2009, cardiovascular disease accounted for 32 percent of all deaths in North Dakota. In addition, stroke is the leading cause for admission to long-term health care. Adults 65 and older are at a higher risk for stroke yet are less likely to recognize the signs and symptoms of stroke and live in medically underserved areas.

**Change Group:** A**Change Type:** C**Change No:** 47**Priority:** 7

Women's Way Maintenance

**Women's Way Services \$300,500****Project Description:**

Women's Way is requesting a \$300,500 general fund appropriation for breast and cervical cancer screening services to low-income, uninsured and underinsured North Dakota women ages 40 through 64. The funding includes:

- coverage of screening mammograms for 40- to 49-year-old ND eligible women (the federal funding covers screening mammograms starting at age 50). Approx. 10,400 40- to 49-year-old ND women are income eligible for the program, but only about 310 are currently active.
- coverage of computer-assisted detection (CAD), an adjunct to screening mammography supporting accurate mammogram interpretations. Most mammography facilities now use CAD for all screening mammograms. CAD is not covered by federal funding. The program provides 1,700 to 2,000 mammograms to women ages 40 through 64 per year.
- consultant to coordinate recruitment of American Indian and hard-to-reach urban and rural women.

**Project Need:**

Approximately 24,000 ND women ages 40 through 64 are eligible for Women's Way. Since 1997, approximately 38% of these eligible women ages 40 through 64 have enrolled and received services. These women would not have mammograms or Pap tests otherwise. Women's Way detects breast and cervical cancers and pre-cancers and ensures that these conditions are treated. One hundred ninety-three women have been diagnosed with breast cancer, and 263 women have been diagnosed with cervical cancers or pre-cancers.

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Despite implementation of health reform, there will still be uninsured women who will need Women's Way. Also, it is anticipated that even though more women will now have insurance, it doesn't mean they will access services. Motivating these newly insured women is where Women's Way can continue to make the difference. Education, targeted messaging and one-to-one contact in local communities are needed and will continue to play a fundamental role helping women get their Pap tests, clinical breast exams and mammograms regularly.

Recruitment and empowerment to access screening is a challenge in both urban and rural areas, and especially with our American Indian women. A consultant is needed to coordinate recruitment of American Indian women and hard-to-reach rural and urban women. The consultant would work with the Women's Way state office, health-care providers, and each Women's Way local coordinating unit on breast and cervical cancer education activities, recruitment strategies, targeted messaging and one-to-one contacts with eligible women at the local level.

**Budget Description:**

Development and implementation of recruitment strategies, targeted messaging, one-to-one contacts and enrollment strategies for recruitment of hard-to-reach women, including American Indian, urban and rural uninsured, and health reform newly insured women

- Salary and benefits \$60,000
- Travel, lodging & Meals \$15,000
- Supplies, ed mat'ls \$17,400
- Computer purchase (1x) \$ 2,500
- Total \$94,900/1st yr (\$92,400 2nd yr) Biennium = \$187,300
- Screening mammograms for ND 40-49 year old eligible women - Approx 310/year x \$120.29 = \$37,300/year or \$74,600/biennium
- Cost of computer-assisted detection (CAD) - 1,850 CAD/year x \$10.43 = \$19,300/year or \$38,600/biennium
- Total projected cost = \$300,500

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 49	<b>Priority:</b> 22
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Colorectal Cancer Screening Initiative

**Continuation of the Colorectal Cancer Screening Pilot Project \$477,600****Project Description:**

The Colorectal Cancer Screening Pilot Project provides no-cost colorectal cancer screening (colonoscopies) for low income, uninsured/underinsured North Dakotans. \$200,000 was appropriated for the 2007-2009 biennium to start a pilot project with a rural healthcare facility. During the 2007-2009 biennium, 91 people received screening, with 30% of the people from the Turtle Mountain reservation. One person was diagnosed with colorectal cancer and 15 people had pre-cancerous colon polyps removed, thus preventing cancer in 15 of the 91 participants screened. As a result, the pilot project was considered a success within this short time period. \$300,000 was appropriated for the 2009-2011 biennium to continue the pilot project at the rural site (Heart of America Medical Center/Ruby) and expand to an urban area. Sanford Health (MeritCare), Fargo, is the recipient of the competitive award process for the urban site. The goal is to screen 200 people between the two grantees. Screening numbers are beginning to be reported for the pilot project period.

**Project Need:**

Colorectal cancer is the second most frequently diagnosed cancer for men and women in North Dakota and is the third leading cause of cancer deaths. Per the 2010 ND Burden of Cancer review, 57% of colorectal cancers in our state are diagnosed after it has spread outside of the colon. According to Blue Cross Blue Shield the average cost of a colonoscopy procedure is \$3,000. Many insurance policies do not pay for screening colonoscopies or insurance co-payments and deductibles make it cost prohibitive to have the procedure. National statistics indicate an average of \$1,000 out of pocket expenses is common when screening colonoscopy is included as a

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covered procedure in insurance policies. A 2004 North Dakota Department of Health survey reveals that 8.2% of our state remains uninsured, which makes obtaining a colonoscopy procedure very difficult. Additionally, North Dakota's colorectal cancer screening rates are among the lowest in the nation at 56.9% of adults 50-75 years of age (July 6, 2010 report/ Centers of Disease Control and Prevention). Screening rates of the American Indian population at 45.5% are lower than the state average increasing their risk for diagnosis of colorectal cancer in later stages.

Colon polyps, the precursor to colorectal cancer, can be removed during a colonoscopy, which is more cost effective than diagnosis and treatment after symptoms are detected. The cost of colorectal cancer has increased significantly in the past few years. In 2004, the estimated cost to treat colorectal cancer of North Dakotans for that year was \$18.5 million dollars. In 2006, just two years later, the estimated cost increased to \$25.5 million. Given the fact North Dakota has low screening rates and access to screening is limited by cost, along with a 57% late stage cancer diagnosis rate, continuation of the state funded colorectal cancer screening initiative will save lives and money for our state and its citizens (uninsured and underinsured).

**Budget Description:**

- Funds to continue reimbursing two healthcare facilities to recruit and screen a total of 200 eligible participants for colorectal cancer (colonoscopy) for the 2011-2013 biennium:
- Approximate procedural cost per colonoscopy, using maximum Medicare Part B reimbursement rates = \$1,500 per procedure x 200 = \$300,000.
- Staff to administer the program at the grantee level x 2 healthcare facilities = \$90,000.
- Outreach costs and supplies at the grantee level x 2 healthcare facilities = \$30,000.
- North Dakota Department of Health Contractor to provide the direct program oversight of grantees for the initiative at \$28,800 per year (45 hr/month x 12 months x 2 years = \$57,600) Contractor is responsible for all costs involved in direct program oversight.

**Total projected cost = \$477,600.** The increase of \$177,600 requested for the 2011-2013 biennium over the appropriation for the current biennium of \$300,000 is to cover rate increases in Medicare reimbursement for billable procedures and increased staff time needed for program management and outreach. Given the total project cost for the requested 2011-2013 biennial funds, the average cost per colonoscopy procedure = \$2,388 versus the current national average of \$3,000.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 50	<b>Priority:</b> 23
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Home Visiting Program

**Maternal, Infant and Early Childhood Home Visiting Program \$102,512 Federal; 1.0 FTE****Project Description:**

The North Dakota Department of Health is requesting permission to spend \$102,512 awarded to the department on July 15, 2010 by the Department of Health and Human Services health Resources and Services Administration (HRSA) for an FTE needed for implementation of a targeted, evidence-based Maternal, Infant and Early Childhood Home Visiting Program. The total award for the project is \$583,156 per year through 2014 with a potential increase each year on a competitive basis. One FTE, operating and grants were included in the base budget for the program. Because of the number of federal requirements and outcomes, the stability of an FTE is required. In addition, American Indian communities have been identified as at risk; for this population, building trust and maintaining relationships will be instrumental to the success of the program.

**Project Need:**

Many children in North Dakota live with multiple risk factors in their environment which often lead to poor health and negative social outcomes as adults.

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The typical home visiting program today is designed to improve some combination of pregnancy outcomes, parenting skills and early childhood health and development, particularly for families at higher social risk. The target population generally is low-income and faces excess risks for infant mortality, family violence, developmental delays, disabilities, social isolation, unequal access to health care, environmental exposures and other adverse conditions. The results of the state-wide needs assessment (currently underway) will be critical in selecting the most effective model(s) to be implemented in high risk communities. Using data from this needs assessment, combined with the recently completed Title V Statewide Needs Assessment, we will be able to select areas where families are at greatest risk and tailor evidence based programming to their specific needs. Home visiting programs deliver services and supports in the home where family life takes place, making it useful in serving hard-to-reach families where knowledge about a family's day-to-day life can be especially helpful in tailoring services. Several characteristics of effective programs will guide our decision making process. They include: an intervention designed appropriately to fit family needs, home visitor qualifications to fit program design, ongoing staff training and supervision, cultural competency, family centered approaches, and appropriate intensity and duration through frequent home visits.

There is currently no funding for a state based home visiting program. There are few existing home visiting programs in the state serving a very limited number of communities in the state. They include: Nurse Family Partnership serving up to 119 families at any given time in the city of Fargo; Healthy Families in Burleigh, Morton, Grand Forks and Nelson Counties served 56 children in 2008 (under the age of two); and Parents and Teachers through the United Tribes Technical College Family and Child Education Program (FACE) served 41 children under the age of two in 2008. Several Head Start and Early Head Start programs throughout the state offer home visiting options to a limited number of families as their budgets allow.

**How the project will meet goals and objectives:**

Project goals and objectives will be met by the following scopes of work for the Evidence-Base Home Visitor:

- Support families in the home when they respond to their child's needs (e.g., health and nutrition), and their own needs (e.g., stress management, job place, parent support groups).
- Support positive parenting practices in the home before (negative) patterns are established.
- Link families to primary care physicians and healthcare services for prenatal visits, well child visits and preventive health care.
- Educate families on caring for new babies, toddlers and young children (e.g., how to hold and feed the baby, how to change diapers, and how to make the home safe).
- Educate parents on a child's developmental growth.
- Link families with community programs for assistance in job placement, identification of daycare providers, and other needed services.

**Outcome Measures and Indicator Impact:**

1. Develop a state-wide home visiting program with a focus on serving the neediest communities in the state.
2. Reduce the incidence of low birth-weight to 6%.
3. Increase the number eligible pregnant women, infants and young children receiving services by an evidence-based home visiting program.
4. Improve coordination of referrals to community resources and supports.
5. Decrease the infant death rate to 5.5.
6. Increase the percentage of children up-to-date on vaccines at age 2 years to 90%.
7. Decrease the incidence of child abuse and neglect.

Change Group: A	Change Type: C	Change No: 51	Priority: 24
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Healthy Eating and Physical Activity

**Healthy Eating and Physical Activity Program \$653,365**

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**Project Description:**

Like every state in the nation, North Dakota is experiencing rising rates in overweight and obesity in children and adults. While many partners in the state are working to address improving eating habits and increasing physical activity levels, North Dakota does not have a comprehensive program to address the problems of poor nutrition and physical inactivity on a state or community level. In order to develop effective strategies to improve healthful eating and physical activity to prevent and control obesity and other chronic diseases, the North Dakota Department of Health (NDDoH) is seeking funding to establish and support a Healthy Eating Physical Activity (HEPA) Program. Specifically we are requesting funding for a program specialist and epidemiologist support to support an obesity prevention initiative that will support local communities in their efforts. The activities include the development of a statewide HEPA plan and funding to support the efforts for up to eight local communities by establishing local HEPA coalitions. The intent is to pilot the initiative in 2 local communities (working with local public health or extension) the first year and then expand to 8 communities by the second or third year. The state staff will take the lead in developing the state plan, in convening a team of stakeholders and partners to guide it's development and implementation, will provide TA to local communities in their community assessment and implementation (identifying best and promising practices in the area of obesity prevention), educate how to mobilize partners and facilitate the training of partners and stakeholders in affecting policy change in their communities.

**Project Need:**

The prevalence of overweight and obesity in North Dakota adults and children has risen steadily.

- Between 1995 and 2009 the percentage of North Dakotans considered obese (BMI >30) increased 70 percent (from 16% to 28.4%). (BRFSS)
- The 12-year trend data from the CDC Pregnancy Surveillance System (PNSS) of low income women participating in the WIC program shows that pre-pregnancy overweight status increased from 35.5 percent in 1996 to 49.2 percent in 2008. (PNSS, 1996-2008)
- Over the same twelve-year period, the percentage of American Indian women in this group with overweight pre-pregnancy status increased from 41.5 percent in 1996 to 54.0 percent in 2008. (PNSS, 1997-2008)
- A slow upward trend in prevalence of overweight and at risk for overweight for North Dakota children ages two to five years has occurred during the past 12 years, as well. The total WIC population of overweight (BMI-for-age greater than the 95th percentile) children has increased from 7.7 percent in 1996 to 14.1 percent in 2009. (PNSS, 1997-2009)
- The percentage of North Dakota high school students who were overweight (at or above the 95th percentile for body mass index, by age and sex) increased from 7.2 percent in 1999 to 11.0 percent in 2009. (YRBS)

The continued increases in the percentages of North Dakotans who are overweight and obese highlight the fact that current piece-meal efforts have not had the desired impact. There is sound science illustrating best practices to serve as guides, but translating these best practices for North Dakota residents is yet to be done. Funding will help allow North Dakota to implement a focused and more comprehensive plan to help residents achieve and maintain healthy weights, monitor progress, and share that information across North Dakota communities and with other states.

Changing the tide of the obesity crisis is going to require changing social norms. In North Dakota, we have seen changes in values on healthy living reflected in laws and/or in state general fund allocations. The passage of the smoke free law in 2005 is an example of how North Dakota, when awarded federal funds to implement a behavior change program to improve health, has been able to eventually affect state law.

While North Dakota has many data systems in place to monitor obesity data such as the CDC Pediatric Nutrition Surveillance System and CDC Pregnancy Surveillance System for WIC program recipients, the Youth Risk Behavior Survey (YRBS) and School Health profiles for school age children, and the Behavioral Risk Factor Surveillance System (BRFSS) for adults, it lacks a comprehensive system for reviewing and translating such data.

**Project Budget**

First year funding will support a full time HEPA program coordinator and a part time Chronic Disease Epidemiologist along with office support. The budget also includes grants for 3-4 local communities to act as pilots with the intent to expand to 4-5 more communities in the next two to five years. First year funding will also provide for an

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evaluation contractor, a plan facilitator contract and policy training contractor for local community staff.

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Women's Way with Heart

**Women's Way With Heart \$983,200****Project Description:**

The DOH requests \$983,200 for the next biennium to leverage current Women's Way structure and presence to include heart health screenings and healthy lifestyle interventions including:

- Provide Women's Way clients ages 40 through 64 with cardiovascular health screenings and the knowledge, skills, support and opportunity to improve heart disease and stroke risk factors through lifestyle behavior changes to prevent, delay and control cardiovascular disease.
- Women's Way with Heart will provide cardiovascular health screenings including blood pressure, total cholesterol, HDL/LDL cholesterol, triglycerides, glucose, and body mass index (BMI) when the Women's Way client visits her health-care provider for her mammogram, clinical breast exam and Pap test.
- Individual risk reduction counseling will assist clients to identify their personal risk factors for heart disease and stroke, determine their level of readiness to make lifestyle changes and access lifestyle intervention program(s) and/or resources.

The goal of Women's Way With Heart is to:

- Screen 3,200 eligible North Dakota women ages 40 through 64 per fiscal year.

**Project Need:**

Heart disease and stroke are among the most widespread and costly health problems facing our state today, yet among the most preventable. Early detection and treatment of risk factors can lead to prevention of cardiovascular disease. Many uninsured and underinsured low-income women cannot afford these preventative screenings which places them at higher risk. Increasing the access to quality care is essential if we are to impact the rate of cardiovascular disease among North Dakota women ages 40 through 64 who are Women's Way clients. Cardiovascular diseases, specifically heart disease and stroke, are the first and third leading cause of death for both men and women in North Dakota. They account for more than one-third (37.9%) of all North Dakota deaths.

Women's Way with Heart is designed after the national CDC WISEWOMAN program. Between January 2000 and June 2008, WISEWOMAN participants were found to have the following health risk factors: 28% - high blood pressure; 40% - high cholesterol; 23% - diabetes, 29% - smoked; 74% - overweight or obese. After one year, WISEWOMAN participants saw a reduction in five-year cardiovascular disease risk, including White down 8.1%; Black 8.6%; Hispanic 10.7%; American Indian/Alaska Native 7.4%. Reduction in smoking rates, including White down 6.5%; Black 10.0%; Hispanic 13.8%; American Indian/Alaska Native 6.1%. By having access to services, many women learn for the first time they have high blood pressure, high blood cholesterol, and/or diabetes. The lifestyle intervention services to be provided by Women's Way with Heart will result in the reduction of risk factors such as cardiovascular disease and tobacco use. Women's Way with Heart would prevent loss of life and help reduce the cost of chronic illness through early detection and prevention.

**Budget Description:**

A grant will be provided to an entity to implement this program. The cost breakdown within the grant follows:

Program Admin	Yearly	Biennium
Salary & Benefits	\$60,000	\$120,000

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Travel Expense	6,000	12,000
Supplies, educ mat'ls	7,500	15,000
Coputer (1x exp)	2,200	2,200
Total	\$75,700	\$149,200

Direct Client Srvs	\$/client	Yearly	Biennium
Screening Srvs	27.00	86,400	172,800
Diagnostic Srvs	65.00	41,600	83,200
RisK Counseling	12.50	40,000	80,000
Lifestyle Intervention	200.00	224,000	448,000
Total	304.50	392,000	784,000

Plus Program promotion and education Yearly \$ 25,000 Biennium \$ 50,000

Total projected cost = \$983,200

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 53	<b>Priority:</b> 27
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Stroke System of Care

**Statewide Coordinated/Integrated Stroke System of Care \$1,532,402 and 2.0 FTE**

**This request supports the following:**

- \$368,802 per biennium for State-Level Support (including salaries and wages and operating expenses)
- \$550,400 per biennium for Health Communication Interventions
- \$613,200 per biennium for Stroke System of Care grant programs

**Project Description:**

The North Dakota Stroke System of Care Task Force (SSCTF), working as charged under HB 1339 and through its appointment by the state health officer, developed recommendations and strategies to direct the de-fragmentation of stroke related care in our rural state. The significant and primary purpose of the SSCTF

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recommendations are to create and maintain an inclusive and coordinated, statewide system of care and education that continuously improves the knowledge, diagnosis, treatment and rehabilitation of stroke patients and reduces the overall stroke risk for all North Dakota citizens.

This budget request supports several recommendations for the establishment and implementation of a statewide coordinated and integrated stroke system of care. The Department will be the lead agency, assuming organizational, coordinating and support responsibilities for implementation of the overarching recommendation for establishment and implementation of a statewide coordinated and integrated stroke system of care. Therefore, the Division of Chronic Disease is requesting \$368,802 for 2.0 FTEs to carry out these responsibilities plus operating expenses. Staff needs include – a project coordinator (1.0 FTE), a half-time epidemiologist/data analyst and half-time administrative assistant. A project coordinator (1.0 FTE) will manage, administer and coordinate the stroke system of care and account for its performance. An epidemiologist (.5 FTE) will provide statistical and evaluation services to support data collection, analysis and report development. An administrative assistant (.5 FTE) will provide secretarial and administrative support for the implementation of a statewide coordinated and integrated stroke system of care and the SSCTF.

The task force identified strategies that advance public awareness of stroke risk factors, assist individuals in identifying their own risks and move them to action to build healthier lifestyles and prevent strokes; to educate the public to recognize the signs and symptoms of a stroke and take appropriate action by calling 911; and to utilize disease management initiatives to reduce the risks of stroke or recurrence of stroke. To this end, the Division of Chronic Disease is requesting \$550,400 to implement statewide health communication interventions to advance public awareness of stroke risk factors, signs and symptoms of stroke and the urgent need to call 911 for appropriate and timely medical care (SSCTF Recommendation 1.2). The primary target population is citizens age 55 and older. The secondary target population is the general public and family members.

In addition, the Division of Chronic Disease is requesting \$453,200 to implement the Go Red North Dakota Risk Awareness and Action Grants program. This grant program is comprised of several components that will assist individuals in identifying their own cardiovascular disease (includes stroke) risks and move them to action to build healthier lifestyles (SSCTF Recommendation 1.1). The target population is Go Red communities, tribal communities and a targeted pilot project for men.

The SSCTF also identified recommendations and strategies for agencies and professionals as well as facilities that directly influence and impact the implementation of a statewide coordinated and integrated stroke system of care. SSCTF Recommendation 1.4 supports the establishment of statewide EMS standardization and implementation of stroke training, assessment (tool), treatment and transportation protocols. SSCTF Recommendation 1.5 supports establishment of statewide standardization and implementation of rapid deployment of appropriate EMS resources. In its efforts to support these two recommendations, the Division of Chronic Disease is requesting \$100,000 to provide training on the task force recommendations for EMS standardization prior to the implementation of regulation and licensing changes as well training for 911 dispatchers and operators for improved response times and survival rates. EMS operators and dispatchers play a critical role in recognizing stroke and determining the timing and type of the EMS response to stroke. In the absence of ongoing stroke-specific training and feedback, EMS operators and dispatchers may fail to identify a significant percentage of potential strokes, even when callers spontaneously use the word “stroke” in communicating with the dispatcher. Establishing programs that provide ongoing education for dispatchers and field EMS personnel to facilitate the accurate and rapid recognition of patients with acute stroke is essential to promote making appropriate decisions involving the treatment, transport and destination of patients suspected of having a stroke.

One critical element of the stroke system is the hospital-based acute stroke team. This is the component of the stroke system that is prepared to handle the hyperacute phase of diagnosis and treatment of acute stroke events. The availability of providers capable of diagnosing and treating all aspects of acute stroke remains critical. According to the American Stroke Association, a stroke system should ensure that all patients having signs or symptoms of stroke be transported to the nearest primary stroke center or hospital with an equivalent designation, given the available acute therapeutic interventions. Hospitals not possessing these capabilities should enter into pre-event-negotiated transfer agreements with primary stroke centers or hospitals possessing acute therapeutic interventions. HB 1339 stipulates that the Department can designate hospitals as primary stroke centers if they meet current certification criteria. The SSCTF Recommendation 1.6 – to promote the designation and certification of Primary Stroke Centers – is important for the successful implementation of a stroke system of care. The Division of Chronic Disease is requesting \$60,000 to offer certification assistance grants to those hospitals seeking primary stroke center designation. Local hospitals seeking this designation would need to match funds granted.

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**Project Need:**

Major advances have been made during the past several decades in stroke prevention, treatment and rehabilitation. And yet, stroke continues to be a significant cause of morbidity and mortality. Stroke also remains a leading cause of serious, long-term disability. Despite successes in delivering effective new therapies, significant obstacles remain in ensuring that scientific advances are consistently translated into clinical practice. In many instances, these obstacles can be related to a fragmentation of stroke-related care caused by inadequate integration of the various facilities, agencies and professionals that should closely collaborate in providing stroke care.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 54	<b>Priority:</b> 28
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Behavioral Risk Factor Surveillance System

**Behavioral Risk Factor Surveillance System (BRFSS) \$124,200****Project Description:**

The North Dakota Behavioral Risk Factor Surveillance System (BRFSS) is requesting \$124,200 for the purpose of maintaining BRFSS survey sample size, enhancing and expanding the utility of BRFSS, and supporting ongoing state-based public health infrastructure. The funds will be awarded in professional services for data collection and processing. \$60,000 is being requested for the first year of the biennium and \$64,200 for the second year, a 7% increase over the first year which is the average annual increase in cost for data collection from year to year.

**Project Need:**

The BRFSS is a Centers for Disease Control and Prevention (CDC) supported health risk survey of North Dakota adults 18 years and older conducted by telephone according to specifications provided by CDC. This state-based telephone surveillance system is designed to collect data on individual risk behaviors, preventive health practices, and health-related conditions that are related to the leading causes of death and disability in the United States. Information provided by BRFSS is not available from other sources. In addition, because it is part of a national surveillance system, the BRFSS provides comparisons to other states. The BRFSS is a major component in how the North Dakota Department of Health (NDDoH) monitors the lifestyles and behaviors of North Dakota residents.

BRFSS data is used both at the state and local level for program planning, establishing priorities, developing interventions and policies, assessing trends, enhancing knowledge of disparate populations and evaluating progress towards meeting goals and objectives. Programs use BRFSS data from both the core questionnaire and propose optional modules and/or state added questions on the questionnaire to collect data necessary for developing and evaluating program indicators. Many programs use the statewide multi-year data file to monitor trends in data and to look at data by specific demographic groups (i.e., race, sex, age, etc.). Based on what the data shows, programs use the information to guide education (i.e., targeted messaging), training, policy, systems change, and interventions, and to identify areas where improvements are needed.

Since inception BRFSS has been a telephone based survey; however, in recent years, BRFSS and other telephone-based surveys have experienced increasing difficulty reaching respondents by landline telephone, in part due to increased use of cell phones and declining use of landline phones. To address this problem and maintain a representative sample in each state and territory, BRFSS initiated mixed-mode data collection techniques. In 2009, state and territories began conducting cell phone surveys as well as landline telephone surveys. Additionally, preparations are being made to implement data collection by mailed questionnaire. Unfortunately, this positive expansion is very costly and BRFSS, like many other programs, has received either level funding or a reduction in funding over the past several years while data collection and processing costs continue to rise. Current funding from CDC is not longer able to cover data collection costs.

In addition, without this funding, we are unable to maintain or increase the cell phone sample size and will be completely missing a large segment of the population; cell phone only households. Absence of data from this group introduces potential bias into the survey and as a result estimates from the data collected may be inaccurate and unreliable. We will also be unable to initiate and maintain a mail survey.

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BRFSS is the only data source for much of the information on health conditions, behaviors and lifestyles of North Dakota residents used in this state and it is essential for all aspects of program operations within the Department as well as for our partners both statewide and nationally. Inability to maintain this program will also directly affect the Departments goals in both the Strategic Plan and the Business Plan, as well as for measuring multiple Department indicators.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 55	<b>Priority:</b> 35
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Adulthood Injury Prevention Program

**Adulthood Injury Prevention Program \$150,000**

The Division of Injury Prevention and Control is requesting \$150,000 from the general fund for the 2011 - 2013 biennium and anticipates requesting funding in subsequent biennia to develop, implement and maintain a statewide Adult Injury Prevention Program. Funds requested would be to contract to various agencies (public health, county extension offices, etc.) in three counties to implement an Adult Injury Falls Prevention Program by:

- Developing awareness and educational programs to prevent injuries from occurring;
- Collaborating with state, local, and private partners to develop and implement fall prevention programming based on best practices;
- Providing funding to three counties representing both urban and rural populations to implement fall prevention programs; and
- Collecting and analyzing fall related injury data from the ten largest ND hospitals.

**Project Need**

According to statistics from the NDDoH's Division of Vital Records from 2005 – 2009 unintentional injury is the fourth-leading cause of death in people ages 45 through 59. Of the 445 people who died of fall related accidents 94% or 419 were age 50 and older. With these statistics facing an aging population in North Dakota we want to take a proactive approach to fall prevention in order to provide residents with a better quality of life and a longer life span.

Falls are not an inevitable consequence of aging, but falls do occur more often among older adults because fall risk factors increase with age and are usually associated with health and aging conditions. These risk factors include: biological, behavioral, and environmental risk factors. Falls can result in moderate to severe injuries such as bruises to fractured bones to traumatic brain injuries. Falls occur in residential homes, community settings, work places, health care facilities, and during recreational activities. The goal of an Adult Injury Fall Prevention Program is to reduce the number of injuries and fatalities by educating the general public and professionals on how to prevent injuries due to falls.

Injury is a public health issue for all ages. It is vital that we act now to keep adults safe by helping them reach their potential to be productive members of society, active members in their communities, and most importantly guiders of younger generations to role model primary prevention behaviors. Without funding to implement an Adult Injury Fall Prevention Program North Dakotans will continue to experience at minimum the current rate of deaths due these injuries that are preventable.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 56	<b>Priority:</b> 37
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Screening for Prenatal Alcohol Exposure

**Statewide Screening for Prenatal Alcohol Exposure \$388,458****Project Description:**

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Prenatal alcohol exposure is endemic in North Dakota. Using data from 20 years of surveillance we have reported that 40% of pregnancies have some level of alcohol exposure. In 10% of pregnancies alcohol use continues after the woman confirms she is pregnant. In 5% (1 of 20 births in North Dakota) alcohol use continues throughout pregnancy with high levels of exposure to binge drinking. This results in a prevalence rate of fetal alcohol spectrum disorders (FASD) of 1% of live births in North Dakota.

Mortality rates during infancy and childhood are increased by prenatal alcohol exposure. FASD is a lifelong impairment and leads to high rates of dependent living, incarceration, huge burdens on substance abuse and mental health service providers across the affected persons life span. The lifetime costs of caring for a person with FASD in North Dakota exceeds \$2.4 million per case. Mortality rates for diagnosed cases, their siblings and their mother are increased by 4 to 6 fold and are a major factor in North Dakota's infant and child mortality rates. Having a child with a FASD is also an important marker for premature mortality in women of child bearing age.

The disorder is preventable by eliminating prenatal alcohol exposure. The key to prevention is detection before and during pregnancy. Detection during pregnancy can lead to treatment and subsequent pregnancies can be unexposed and at no risk for a FASD. This project provides a standardized approach to routine screening during pregnancy. This strategy will increase detection of drinking over 50% when compared to current screening strategies. The project has been well received and has been widely adopted across the state. This funding will support the ongoing screening and the inclusion of brief intervention strategies for prenatal care providers. To date we have visited over 80% of the prenatal care provider sites in North Dakota. The Indian Health Service is modifying their current protocol to include this tool. We have only one site to date that has declined to utilize this tool and the strategy they currently use is nearly identical to this screening process. This provides a unique and compelling opportunity to prevent many cases of FASD in North Dakotas. The prevention of 2 cases per year will result in sufficient savings to the state to fully fund this program.

**Project Need:**

Prenatal alcohol exposure is endemic in North Dakota. Using data from 20 years of surveillance we have reported that 40% of pregnancies have some level of alcohol exposure. In 10% of pregnancies alcohol use continues after the women confirms she is pregnant. In 5% (1 of 20 births in North Dakota) alcohol use continues throughout pregnancy with high levels of exposure to binge drinking.

FASD is preventable, highly recurrent, and severe. One unusual feature of FASD is the recurrence rate which exceeds 70%. This may be the most recurrent disorder in medicine. As a result, most children with FASD have affected siblings. This is a public health tragedy.

In North Dakota, families with FASD come from every area in our state. The figure indicates the distribution of cases in each region of North Dakota. No area of the state is unaffected by FASD.

FASD is a disorder of lifelong disability, increased mortality, and is an unusually costly disorder. The lifetime cost of care exceeds \$2.4 million for each affected person. The data here is not adapted from other states but represents actual costs from North Dakota. In addition to the large commitments from the families (many of whom have adopted these children) the care for most of these affected people is or will be covered by Medical Assistance.

**FASD Cases By Region**

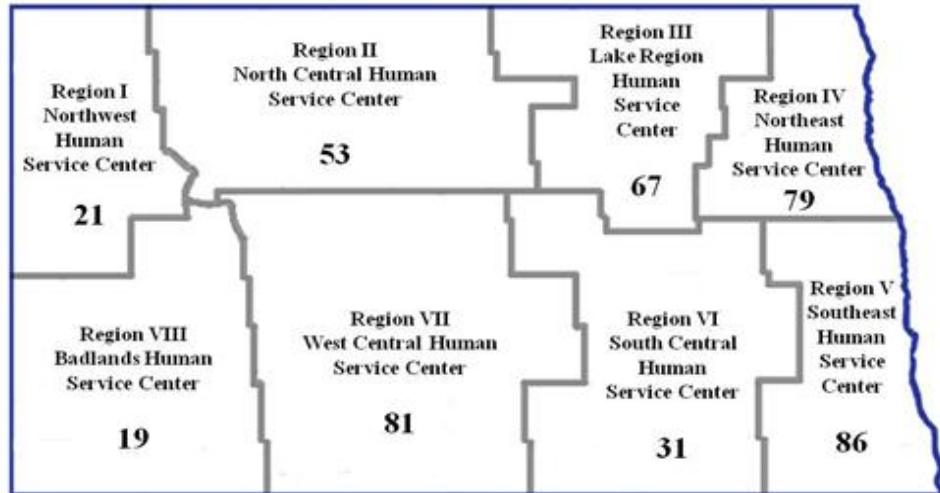
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Previous research has demonstrated three effective strategies to prevent FASD.

The first key is to identify alcohol abuse early. Currently, less than 5% of pregnant women drinking during pregnancy are detected.

The second key is to recognize that much alcohol abuse during pregnancy is obscured by other drug use. Prevention of alcohol exposure will eliminate much of the risk in these pregnancies.

The third key is prevention of recurrence. FASD is not a problem where many women each have an affected child but rather where a few women have several affected children.

We cannot prevent all future cases of FASD. But we have demonstrated we can now prevent one third of new cases.

In previous research, attached for your review, actual health care cost data from North Dakota demonstrates the benefits of prevention of only one case of FASD each year.

**Additional Health Costs for FASD \$2,342 per year**

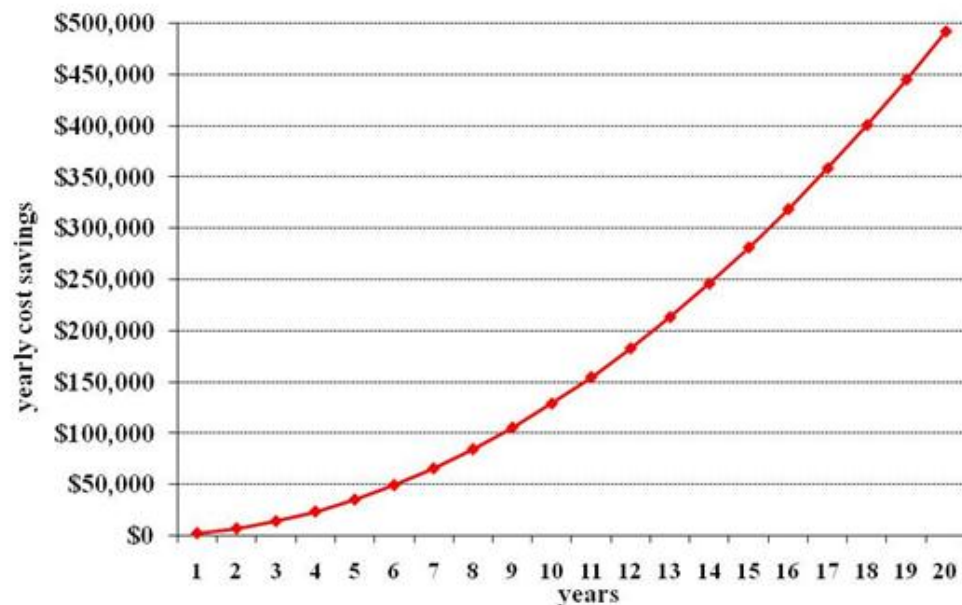
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This does not include even larger savings from reduction in special education, juvenile justice, residential care, or for care as adults from developmental disabilities. We are not aware of any other disorder where the benefits of prevention exceed those for FASD. It seems like a bargain to spend one to two percent of the cost of care to prevent a new case of FASD.

**Outcome Measures and Indicator Impact:**

- Decrease the incidence of low birth weight to 6.0 percent.
- Decrease the alcoholic liver disease and cirrhosis death rate to 10.
- Decrease the percent of adults who reported current binge drinking to 19.
- Decrease the percentage of youth who reported current binge drinking to 32.
- Decrease the infant death rate to 5.5.
- Increase the percentage of women who have adequate or adequate plus prenatal care to 90.

**Budget Description:**

The budget for the 2011-2013 period will be unchanged at a total request of \$369,960 for the biennium. The current budget for the 2009-2011 has covered the project costs for travel, salaries and operational costs. No new or additional expenses are anticipated. Briefly we travel to each site to support the adoption and use of a standardized prenatal alcohol screening tool for all women in North Dakota. We are now adding an intervention module for prenatal care providers who identify women drinking during pregnancy. This will allow them access to state of the art brief intervention strategies to eliminate or reduce alcohol use during pregnancy. We have found that this strategy will also increase detection of prenatal smoking and drug use.

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This funding has received strong support from both the House and Senate and is a project sponsored by Senator Holmberg, Chairman of the Senate Appropriations Committee.

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Healthy Communities ARRA

**Healthy Communities (\$113,165)**

Continuation of ARRA funding to increase support for breastfeeding in the workplace, improve physical activity environments in daycare setting and a media campaign on these issues.

<b>Change Group:</b> A	<b>Change Type:</b> C	<b>Change No:</b> 62	<b>Priority:</b> 4
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Nurse Telephone Triage

**Nurse Telephone Triage \$4,650,000 (\$671,000 general fund; \$3,979,000 special funds)****Project Description:**

The project will expand an existing telephone triage system within the North Dakota Department of Health from its current emergency use to a daily use system that will reduce unnecessary emergency department visits resulting in an overall reduction of emergency department visits, using conservative estimates, by approximately 15%. A contractor would be secured to staff the system 24 hours a day, seven days a week with nurses who will receive the calls, provide the caller with assistance in deciding if medical care or emergency room care should be sought, provide advice for self care, if appropriate, and collect data to measure the system's efficacy and analyze disease data. It is estimated that three major North Dakota payment providers, the Public Employee Retirement System, Blue Cross and Blue Shield of North Dakota and Medicaid incur costs for about 90,000 emergency department calls annually totaling about \$66.4 million each biennium. A 15% reduction in those costs would be \$9.6 million each biennium.

This request would provide funding to oversee and manage the system, cover the costs of software and protocol licensing and provide reimbursement for the Medicaid share of the call staffing contract. The project will be ongoing to future biennia with the intention of shifting all of the costs to the payment providers. The funds do not serve as match for other funding. No new FTEs are requested for this project.

Failure to implement the project will result in losing the opportunity to substantially reduce health care costs.

**Budget and Justification:** \$4,650,000

Blue Cross/Blue Shield and North Dakota PERS will provide funding for their share of the nurse triage calls estimated at \$3,979,000. State general funding is requested for the Medicaid portion of the estimated number of calls. This funding will cover \$144,000 of administrative costs at the state level and the remainder will be contracted to an entity to provide the nurse coverage for the calls. Administrative costs at the state level include \$10,000 of administrative oversight, \$110,000 for the telephone triage medical protocol, ITD hosting fees and telephone costs. The contract with an organization to provide 24/7 telephone coverage and response is \$4.5 million calculated as \$25.40 per call for 90,000 calls.

<b>Change Group:</b> A	<b>Change Type:</b> E	<b>Change No:</b> 2	<b>Priority:</b>
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One time Adjustments

**Administrative Support**

One time funding of \$275,000 of general funds for the public health regionalization pilot project in the grant line item has been removed from this budget. One time funding of \$2,405,371 for the Community Health Trust Fund general fund contingency was also removed.

**Medical Services**

One time funding of \$1,200,000 of general funds for statewide immunization services in the grant line item has been removed from this budget.

**Community Health**

Onetime adjustments for domestic violence for \$1,000,000; grants for fetal alcohol syndrome for \$369,900; and grants for mobile dental care for \$196,000 have been removed from this budget. Funding will be required in the optional package to reinstate the domestic violence and fetal alcohol syndrome grants.

**Emergency Preparedness & Response-**

One time funding in the grant line item of \$1,000,000 from the insurance tax distribution fund for ambulance staffing grants, \$500,000 from the insurance tax distribution fund for an EMS study and \$128,400 from the general fund for grants to law enforcement has been removed from this budget.

**Special Populations**

One time funding of \$180,000 of general funds for grants to dentists in public health and nonprofit dental clinics has been removed from this budget and included as an optional budget request.

<b>Change Group:</b> A	<b>Change Type:</b> E	<b>Change No:</b> 3	<b>Priority:</b>
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ARRA funding

Remove all ARRA funding from the base budget. The continuation of this grant will be included in the optional request.

<b>Change Group:</b> A	<b>Change Type:</b> F	<b>Change No:</b> 6	<b>Priority:</b>
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Remove Current Biennium Capital Assets

Remove Current Biennium Capital Assets

<b>Change Group:</b> A	<b>Change Type:</b> F	<b>Change No:</b> 7	<b>Priority:</b>
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Remove Current Other Capital Payments Appropriation

Remove Current Other Capital Payments Appropriation.

<b>Change Group:</b> A	<b>Change Type:</b> G	<b>Change No:</b> 28	<b>Priority:</b> 7
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CSHS Catastrophic Relief Reduction

**Catastrophic Relief Funds - \$34,000**

This contingency fund has been set up to assist individuals with a variety of expensive and oftentimes rare disorders. During the current biennium it has been used to provide grants for Russell Silver syndrome. It pays for medical food and growth hormone treatment, up to \$50,000 per child per biennium. Services specifically covered are outlined in NDCC and include such items as:

- prescribed drugs for the long-term treatment of growth failure
- physician visits, including one out-of-state physician visit per year to obtain expert consultation for management of the syndrome
- travel expenses associated with physician visits of the child and one parent
- formula intended for the dietary treatment of the disease or condition
- medical procedures and supplies necessary for assimilation of the formula

A reduction would impact the direct services available for children and families. Unless NDCC is changed, the Department would need to find funding to potentially support services up to \$50,000 per child per biennium as required by state law, which means some other services within the department would likely not be funded. Within CSHS, this would likely mean a reduction or elimination in one or more of the multidisciplinary clinics that are supported through the division.

Currently, two children are enrolled in the program; however, only one child has had claims paid on his or her behalf. Since the family's insurance is primary for this program, whether a child has a source of health care coverage has a significant impact on the amount the Department potentially pays out in claims on a child's behalf. If a child has insurance, the Department only pays for services that are not covered by insurance such as co-pays and travel expenses.

<b>Change Group:</b> A	<b>Change Type:</b> G	<b>Change No:</b> 35	<b>Priority:</b> 1
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EMS Training Grants Reduction

**Emergency Medical Services Training Grants - \$47,000**

The loss of \$47,000 in Emergency Medical Services training grants would reduce the number of people receiving training by 113 people. This loss, coupled with the \$300,000 loss of Community Health Trust Fund dollars lost, would eliminate training funds for a total of 863 people. That is approximately 29% fewer people than would have been funded in the current biennium.

<b>Change Group:</b> A	<b>Change Type:</b> G	<b>Change No:</b> 36	<b>Priority:</b> 3
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HF Basic Care Reduction

**Basic Care - \$59,000**

A reduction of \$59,000 of Basic Care funding would reduce the FTE available for that program by .4 FTE – which is shared among several positions. The .4 FTE would be reallocated to complete T18/T19 Tier 4 federal survey work which we currently have not had staff available to complete.

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We currently try to survey the Basic Care Facilities every 2 years dependent upon staffing availability and workload. The reduction of .4 FTE to complete Basic Care Surveys would result in the frequency decreasing to approximately every 3-4 years. This is a concern as, over time, we have identified a pattern of increase in non-compliance and negative resident outcomes when there is a decrease in frequency of on-site surveys.

Change Group: A	Change Type: G	Change No: 58	Priority: 2
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CH Donated Dental Reduction

**Donated Dental - \$10,000**

The Donated Dental Services (DDS) program provides services to the disabled, elderly and medically at risk populations that cannot afford dental treatment or get public aid for seriously-neglected dental diseases. The funding is used to support administrative time to screen clients and arrange for volunteer dental care and laboratory services.

Every dollar spent by the state of North Dakota on DDS generates \$8 in free care for some of the state's most vulnerable people who have no other way to get help. Since 2000, dentists and laboratories in North Dakota have donated their time to serve nearly 500 people. A \$10,000 reduction to the DDS budget would result in less administrative time to coordinate services, thus assisting 20 fewer people each year.

Change Group: A	Change Type: G	Change No: 59	Priority: 5
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CH Women's Way GF Reduction

**Women's Way - \$50,000**

The \$50,000 is used to pay the *Women's Way* Third Party Administrator (BCBS-ND, who contracts with the program), for mammograms for women ages 40 through 49. The federal funds cannot pay for screening mammograms until a woman is 50 due to specific criteria in the federal law that established the national program. Approximately 310 women ages 40-49 will not be able to have screening mammograms if *Women's Way* loses the \$50,000 general funds. We estimate a biennial cost of approx \$70,000. If these expenses are not covered by the program, these women will simply not get a mammogram because they do not have the means to pay for it. This will result in undiagnosed breast cancers, that when found will more than likely be late stage cancer. Late stage cancer treatment costs are extremely high compared to detecting the cancer at an early stage when it is less expensive to treat and the women would have a 97% or better chance of survival beyond 5 years.

*Women's Way* general funds are also earmarked for Computer assisted Detection (CAD), an adjunct to screening mammography supporting mammogram interpretations and findings. Almost all mammography facilities are now using CAD and this expense cannot be covered with the *Women's Way* federal funding. The healthcare facilities (radiology units) automatically provide this service and then add it to the patient's bill. Because it is not covered by *Women's Way*, the woman receives the bill which is often a hardship for her to pay. This impacts between 1,825 to 2,000 women per year. There have been cases where the relationship between *Women's Way* and the healthcare facility have become 'strained' when the program could not reimburse this cost. The biennial cost of CAD is estimated at approximately \$38,322.

Change Group: A	Change Type: G	Change No: 60	Priority: 4
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CH Injury Prevention GF Reduction

**Injury Prevention – \$128,710**

**BUDGET CHANGES NARRATIVE****301 ND Department of Health****Bill#: HB1004****Date:** 01/13/2011**Time:** 11:03:50

The requested FTE will administer federal and state grants addressing domestic violence, sexual assault, dating violence, and stalking issues. Without this position assistance to and oversight of the twenty-one domestic violence/sexual assault programs will either not be done in a timely manner or may not be done at all.

1. Prepare requests for federal and state funds;
2. Establish the amount of subgrants based on the population and geographic area to be served, and needs of underserved populations;
3. Establish committees to review Requests for Proposals and inform programs of the results of the reviews;
4. Review budgets and assist programs with the process, prepare contracts, and approve reimbursement requests;
5. Provide over-site of the work being done by the local programs both the financial and programmatic site visits, desk audits and report reviews to determine if the agencies are in compliance with federal and state regulations and North Dakota administrative rules;
6. Prepare a state plan that encompasses the use of federal and state funds addressing domestic violence and sexual assault to assess if the funds are distributed and utilized in an optimal manner to provide services to victims of violence;
7. Collaborate with partners to address domestic and sexual violence through a coordinated statewide response.
8. Keep apprised of legislation regarding federal and state funding and issues addressing domestic violence, sexual assault, and stalking issues.

Without a program administrator the programs will not receive funds in a timely manner and retain staff to assist victims of domestic violence, sexual assault, dating violence, and stalking.

<b>Change Group:</b> A	<b>Change Type:</b> G	<b>Change No:</b> 61	<b>Priority:</b> 6
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EH Energy Development Reduction

**Energy Development - \$328,146**

Increasing energy development activity in western North Dakota has resulted in a significant increased demand for environmental protection services, spill response/remedial action oversight and enforcement investigations. Additional demands for staff time are related to activities associated with oilfield exploration, public health issues, the storage and distribution of crude oil and the handling/disposal of oilfield wastes. For example, in 2005 an estimated 337 oilfield related spills were reported to the department. In 2009 an estimated 503 oilfield related spills were reported the department an approximate 50 percent increase. This year to date a total of 387 spills has been reported to the department averaging about 45 reports per month. Due to the number of reported incidents the department can only select a portion of the most severe spills for investigation and potential remediation oversight. In addition, with the ongoing spill response the department has little time to follow up on remedial measures to ensure that they have been properly completed. Spills have the potential to adversely impact land surface, as well as ground water and surface water quality. Oil field spill emergency response and remediation activities can take anywhere from hours to several years to complete. At present, the department has limited oilfield emergency response capability, and current response actions are being conducted at the detriment of other programs/activities. Based on current staffing levels the Environmental Health Section is unable to address many issues of concern associated with oilfield spills or pipeline breaks. Of additional concern is that recent reports indicate that the oilfield boom is expected to last for up to 20 years and expand to the east toward Bottineau County.

In addition to the concern relating to the oil field emergency response, the demand for routine public and environmental health oversight of energy development activities has increased. Air, water and waste management environmental protection programs have been asked to respond to issues associated with degraded air quality, oversight of new/existing oilfield waste treatment and disposal facilities, drinking water supply quality as well as wastewater discharges. The Department of Health is also being asked to provide comment and regulatory oversight on several mineral mining operations including potash, uranium and other minerals of interest.

North Dakota cities are responding to the large influx of the oilfield workforce which may impact operation of city wastewater lagoons, illegal wastewater discharges and potential drinking water supply concerns. Temporary housing (such as new or expanded subdivisions, tent cities, trailer parks and man camps) have been planned, constructed and/or already set up in a number of locations throughout western North Dakota. The total scope and magnitude of the public and environmental health

**BUDGET CHANGES NARRATIVE****301 ND Department of Health****Bill#: HB1004****Date:** 01/13/2011**Time:** 11:03:50

problem is not yet known, as the state and local health units assess and approve design/construction of waste water treatment and disposal systems, water supply distribution systems and waste management activities. In addition, once approved the Department of Health is bound to routinely inspect the facilities for compliance with environmental and public health regulations as well as provide compliance assistance to operators of the facilities.

With the current and expected increase in mineral recovery activities in the state, two FTEs and necessary operating costs are needed to continue to ensure the protection of public health and the environment. If positions are removed from the budget:

- Necessary emergency response, routine compliance inspections and enforcement investigations will be limited.
- Limited available staff will result in increased delays in responding to spills or citizen complaints.
- The Section will experience difficulty in the implementation of appropriate enforcement and compliance activities.
- Limited field oversight will result in a potential increase of adverse impacts to environment.
- The result will be increased time to review/approve permits.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 1	<b>Priority:</b>
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Suicide Prevention and Early Intervention

Provides \$741,493 for total general funding of \$991,493 for grants to communities.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 2	<b>Priority:</b>
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Replace DOT Emergency Services funding

Provides \$523,900 from the general fund for training, testing and education of EMS workers.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 3	<b>Priority:</b>
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Domestic Violence

Provides \$1.0m additional grants for 21 domestic violence agencies for a total funding of \$1.7m.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 4	<b>Priority:</b>
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State Stroke Registry

Provides \$250,700 from the general fund to replace current funding from the Community Health Trust fund for a total appropriation of \$472,700.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 5	<b>Priority:</b>
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Women's Way Maintenance

Provides \$300,500 general funding in addition to \$304,332 included in the Community Health Trust fund for total funding of \$654,332. The Women's Way program provides screening for breast and cervical cancer to low-income, uninsured and underinsured clients.

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<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 6	<b>Priority:</b>
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## Dental Loan Repayment and Practice

Provides \$200,000 for loan repayment grants to 10 new dentists. \$180,000 to 3 dentists each year. Program provides funding up to \$80,000 over 4 years. \$20,000 to 2 dentists for new dental practices each year. Program provides 50% match to local funding for \$50,000 over 5 years per dentist. Base budget includes \$270,000 from the Community Health Trust fund for previously awarded loan repayments.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 7	<b>Priority:</b>
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## Physician Loan Repayment

Provides \$270,000 for Physician and Mid-level Practitioner loan programs. Includes \$202,500 funding for 3 new physicians of \$90,000 over 2 years and \$67,500 for 3 new practitioners of \$30,000 over 2 years with a 50% local match. Funding is in addition to \$150,000 in the base budget, \$75,000 general funding and \$75,000 from the Community Health Trust fund.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 8	<b>Priority:</b>
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## EMS Training Grants

Provides \$300,000 additional general funding to maintain current funding level of \$1,240,000 to provide training for 3000 EMTs.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 9	<b>Priority:</b>
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## Environmental Salary Equity Funding

Provides \$70,000 equity funding for air quality and environmental engineers.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 10	<b>Priority:</b>
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## ARRA Immunization Program

Provides carryover of federal stimulus funding for immunization program.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 11	<b>Priority:</b>
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## ARRA Healthcare Associated Infections

Provides carryover of federal stimulus funding for healthcare associated infections.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 12	<b>Priority:</b>
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## ARRA Healthy Communities

Provides carryover of federal stimulus funding for Healthy Communities.

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<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 13	<b>Priority:</b>
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ARRA Environmental Health Arsenic Trioxide

Provides carryover of federal stimulus funding for Environmental Health Arsenic Trioxide.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 14	<b>Priority:</b>
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ARRA Environmental Health Water Quality

Provides carryover of federal stimulus funding for Environmental Health Water Quality.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 15	<b>Priority:</b>
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ARRA Environmental Health Clean Water

Provides carryover of federal stimulus funding for clean water.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 16	<b>Priority:</b>
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ARRA Environmental Health Drinking Water

Provides carryover of federal stimulus funding for drinking water.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 17	<b>Priority:</b>
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ARRA Special Populations Primary Care

Provides carryover of federal stimulus funding for special populations primary care.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 18	<b>Priority:</b>
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Colorectal Cancer Screening

Continues funding for pilot colorectal cancer screenings.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 19	<b>Priority:</b>
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Home Visiting Program

Provides federal funding authority. Funding included for contracting, did not provide FTE.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 20	<b>Priority:</b>
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Screening for Prenatal Alcohol

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Provides funding for UND program, providing support for adoption of the program and use of standardized tools for alcohol screening and adds an intervention module for providers when identifying drinking during pregnancy. Helps to reduce mortality rates in infants.

<b>Change Group:</b> R	<b>Change Type:</b> A	<b>Change No:</b> 21	<b>Priority:</b>
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Veterinary Loan Repayment

Provides \$135,000 for 3 new veterinarians per year to encourage large animal practice in rural areas. Veterinarians receive up to \$80,000 over 4 years. \$310,000 remains in the Community Health Trust fund for previously obligated loans.

<b>Change Group:</b> R	<b>Change Type:</b> B	<b>Change No:</b> 1	<b>Priority:</b>
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Regional Health Network Incentives

Provides \$275,000 for a pilot program to establish joint powers agreements to form another regional public health unit.